County Borough of Darlington

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

SCHOOL MEDICAL OFFICER

1952

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.
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Wm. Dresser & Sons, Ltd., Crown Street, Darlington.

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ANNUAL REPORT, 1952.

To the Chairman and Members
of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1952 upon the health of the County Borough of Darlington.

The vital statistics for the year were highly satisfactory. The infant mortality rate of 26.2 was the lowest on record. There was no maternal mortality. The deaths from tuberculosis, 12 in all (11 from pulmonary and 1 from non-pulmonary disease) were less than half the number of deaths (28) in 1951. There was, however, an increase in the number of cases of tuberculosis brought to light, and infectious diseases, whilst in general maintaining a low incidence, showed some sinister inclinations. Not only were there several (7) cases of poliomyelitis notified in the town, of whom 6 were treated at Hundens Hospital, but one severe case of diphtheria was admitted to hospital, the patient being a boy of eleven years, who had been immunised. His case appeared to be connected with a sharp outbreak of diphtheria at Thirsk in the North Riding of Yorkshire, from whence 7 patients were admitted for treatment at Hundens. Though the organism was shown to be of the mitis strain, which in the past has been responsible for relatively mild cases, all these patients were severely toxic and although they all recovered several of them had a hard passage. It is interesting to note that swabs from the nose and throat of the Darlington patient at no time gave a positive growth of C. Diphtheriae, but he undoubtedly suffered from the disease. These facts show that while during recent years infectious diseases are nothing like the menace to health that they were a century or even a generation ago, the favourable position so far achieved can only be maintained by ceaseless vigilance. Though the Darlington patient had in fact been immunised (in which respect he was alone among the others), there is no implication by this that immunisation is ineffective. As this outbreak shows the organism to be still very much with us, we may feel sure that the lower incidence of the disease is due to a large extent to the practice of immunisation.

A somewhat curious observation is a small decline in population during the past two years. This does not correlate with any lack of prosperity or employment in the town, but is possibly associated with a movement of the population to the new town of Aycliffe, which is situated about four miles North of the boundary of the County Borough (sufficiently far to prevent its easy incorporation with us).

The form in which this Report is presented differs in some respects from that adopted in the last four years. This is due to an instruction from the Ministry of Health contained in Circular 29/52 of 19th August, 1952, which laid down that the Report this year should contain a survey of the work and development of the local health authority since the Appointed Day under the National Health Service Act of 5th July, 1948. An appropriate form for such a survey was laid down by the Circular and it was requested that it should be forwarded to the Ministry of Health on or before 28th February, 1953. This accordingly has been done and the contents of the survey have been incorporated in this present Report under Part III—Administration and Organisation, and Part IV—National Health Service Act. The sub-section entitled "Health Education" in Part VII—Growing Points, was also included in the survey sent to the Ministry, which in any case did not ask for specific information of work carried out by the Council in any other capacity than as local health authority under the Act.

At the end of the survey prepared for the Ministry I attached a commentary, the principal parts of which I am including as the remainder of this introductory letter.

1. **General.**

The size of Darlington lends itself to the possibility of personal interest in and concern with all branches of the public health service on the part of the Medical Officer of Health. On the other hand, an authority of this size is handicapped to some extent by lack of resources. I am of the opinion that the Corporation of Darlington has as good a public health service as it might expect for the price it is prepared to pay. The most important element in the personal services under the National Health Service Act, and indeed in others, such as the assessment of priorities for rehousing, consists of the individual enthusiasm and capacity of the personnel employed. As will be indicated below, particularly under Part IV—§3, (Health Visiting), shortage of staff is a major problem.

One of the potentially worst effects of the National Health Service Act has been avoided in Darlington by a happy arrangement with the Regional Hospital Board. There has thus been preserved for me in my capacity as Consultant Physician in Infectious Diseases. as well as Medical Officer of Health, the same integration in this field as existed before the Appointed Day, a situation which, as a personal opinion, I think should be achieved in the area of every health authority.

2. **Special Examples.**

(a) **Maternity Services.**

The division under the Act between domiciliary and institutional midwifery seems unnatural. Though maternity homes from an administrative point of view may be conveniently

situation which,a s a personal opinion, I think should be achieved

considered as hospitals, they are in fact devoted to a physiological and not to a pathological incident. The transfer of the whole service back to the local health authority would seem, therefore, to be an advantage, the Consultant Obstetricians dividing their time in a similar manner to the Chest Physicians, though with a larger proportion to the local authority. At Darlington the arrangement whereby a medical officer of at least Registrar status is used as adviser to the ante-natal clinics and the friendly relations maintained with the maternity hospital have led to a satisfactory modus vivendi. As suggested in the Report (page 30) I am of the opinion that a greater selectivity should be shown with regard to applicants for institutional confinement than is at present the case, social need being given preference, medical causes being equal.

(b) **Hospital accommodation for the chronic sick, aged, infirm, in need of skilled nursing attention and certain cases of unsoundness of mind and mental defect.**

The elimination under the National Health and National Assistance Acts of the old public assistance institutions with their accommodation, to which compulsory access was obtainable by the Relieving Officer's note, is an unmitigated disaster. It is a constant source of distress alike to patients and practitioners in Darlington and no doubt elsewhere. The difficulty appears to have arisen from an erroneous, "chair-borne" conception of the difference between health and disease. In childhood a clearcut line between these two conditions may exist, but as age advances it becomes progressively wider and less well defined. I am not sure how such general universally available hospital accommodation could be restored or who would control admission to it if it were provided, but I have no doubt at all of the need for it.

(c) **Section 28, etc.**

The wide range of this section is a challenge to Medical Officers of Health and to their employers to extend the scope of preventive medicine as much as of community care. Very little is being done in Darlington at present to widen frontiers, in which lack of staff, and consequently of time by those officers who are keen to do so, are important factors. The similar responsibilities in respect of handicapped persons imposed by Section 29 of the National Assistance Act seem to imply that the Health and Welfare Departments of local health authorities should be fused, presumably under the Medical Officer of Health as chief official. This has not yet been achieved at Darlington, but the Medical Officer of Health acts as medical adviser to the Welfare Committee.

(d) **Public Relations.**

It has often been stated that the National Health Service Act has abolished rivalry between general practioners and Health Departments in the field of maternity and child welfare. I am not sure whether improved relations between the public health and general practitioner sections of the health service are in fact due to this factor, or even that they really have improved. As in all matters of public relations, their success or otherwise depends upon personal factors. Where Darlington is concerned the practitioners are in general on friendly terms with the Health Department, but they have for the most part shown no willingness to make use of potential amenities such as health visitors (though with our present depleted establishment it would be impossible to oblige them even if they were anxious to do so) and some are readily critical of anything they can regard as an extension of officialdom. The Act has brought about little change in the use made of the maternity and child welfare clinics, nor, as a matter of interest, of the minor ailment school clinic either.

With the public generally, relations have been fostered as described under Part VII—§1, but this has nothing to do with the National Health Service Act as such. The great difficulty with all health education programmes is to keep them going by spontaneous popular demand. There is also the difficulty in reaching people who are most in need of advice and help.

As a final note to this letter, not taken from the commentary of the earlier survey, I should like to refer to the brief report on Geriatrics on page 76 in the Section entitled "Growing Points." Though there is something more to record for 1952 than for previous years, no adequate solution to the problems presented by an ever growing population of old people is in sight. Indeed, so far not much more is attempted than to stress the fact that such problems exist, whilst even their exact nature and extent remain obscure. Apart from all changes in public usage and fashion, such as a later age of general retirement, the answer to care in the second childhood surely lies where care in the earlier years should be found, at home and within the family. The Welfare State must hardly be expected to accept responsibilities that do not belong to it, that would in fact be a usurpation to assume, and whilst its services exist to provide for difficult cases and to ease intolerable loads, it cannot remove from its average citizens the responsibilities consequent upon being human. It is the height of folly as well as the depth of error to suppose that it could.

I have the honour to be,

Your Obedient Servant.

JOSEPH V. WALKER.

Medical Officer of Health.

MEMBERS OF THE HEALTH COMMITTEE.

(at 31st December, 1952).

Alderman A. J. Best, J.P. (Chairman).

Councillor J. G. Willey (Vice-Chairman).

Councillor W. H. Bell.
„ J. A. Bird.
„ A. W. Caragher.
„ W. Cottam.
„ J. L. Dearing.
„ R. Hall.
„ A. Ingham, M.B., Ch.B.,
Councillor R. H. Loraine, J.P.
„ Mrs. M. Lyonette, J.P.
„ A. E. Powell.
„ J. L. Shaw.
„ A. W. Snaith.
„ F. Stephenson.

Co-opted Member: Dr. W. W. Forsyth.

STAFF.

Medical Officer of Health and School Medical Officer ...	Joseph V. Walker, M.D., M.R.C.P., D.P.H.
Assistant Medical Officer of Health and Asst. School Medical Officer.	Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.
Assistant Medical Officer of Health and Asst. School Medical Officer.	John Fleming Bishop, M.B., Ch B. C.P.H.
Chest Physician (part-time) ...	Gilbert Walker, M.B., Ch.B., M.R.C.P., D.P.H.
Consultant Venereologist	Edward Campbell, M.B., Ch.B., D.P.H.
Obstetrician (Registrar) for Antenatal Clinics (part-time) ...	Barbara Joan Smith, M.B., B.S. (till Aug. 1952).
Assistant Medical Officer for Child Welfare (part-time)	Mrs. K. H. Odling-Smee, M.B., Ch.B., D.P.H.
School Dental Officer	J. L. Liddell, L.D.S.
Public Analyst	C. J. H. Stock, B.Sc., F.I.C.
Chief Sanitary Inspector	F. Ward [1 2 3]
Deputy Chief Sanitary Inspector	J. R. White [1 2 3]
Sanitary Inspectors	A. F. Theakston [1 2 3] S. Daley [1 2 3] D. G. Warde [1 2] F. Gardner [1 3]
Senior Health Visitor	Miss E. Winch [4a 5 6 7]
District Health Visitors	Miss A. M. McIlwaine [4a 5] Miss M. Milestone [4a 5 6] Mrs. J. L. Copping [4a 5 6] Miss F. E. Smith [4a 5 6] Miss D. S. Owen [4a 5 6] (till 31/5/52). Miss B. Peacock [4a 5 6] (till 30/4/52).

Tuberculosis Health Visitor ...	Miss A. Thornton [4a 5 6]
Superintendent Midwife	Miss K. Groarke [4a 5 8]
District Midwives	Mrs. F. R. Hawley [5]
	Mrs. I. Wilson [5]
	Miss E. Shaw [5]
	Miss W. Thompson [4a 5] (till 31/8/52).
	Miss J. M. Fellows [4a 5] (till 30/11/52).
	Miss A. F. Mirley [4a 5] (from 1/12/52).
Matron of Nursery—North Road	Miss E. E. Roper [4a 5] (till 30/6/52).
Chief Clerk and Petitioning Officer	Hugh R. Kirk.
Clerical Staff	I. Burnley (Senior Clerk).
	V. J. Scarre, D.P.A.
	A. R. Lambert (till 31/3/52).
	E. Cowing (from 7/4/52).
	Miss F. E. Gibbon (Senior Female Clerk).
	Miss G. W. Ruecroft.
	Mrs. E. Ward.
	Miss D. Robinson (till 31/8/52).
	Miss M. Bell (till 31/12/52).
	Miss M. Spence (from 3/1/52).
	Miss M. E. Rowntree (from 1/9/52 to 13 /12/52).
	Miss O. Roberts (from 15/12/52).
	Miss A. Lumb.
	Miss M. Foster.
Mental Welfare Social Worker and Duly Authorised Officer	C. W. Price.
Mental Welfare Social Workers	Mrs. J. Paxton.
	Mrs. F. Pinchen.
Handicraft Instructors	F. Anderson.
	Mrs. M. Hewson.
Registrar of Births, &c.	Cyril Gannan.
Rodent Operative	J. B. Waistell.
Disinfector (part-time)	W. Hunter.

1. Certificate of Royal Sanitary Institute and Sanitary Inspectors' Joint Board.
2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors.
3. Associate of Royal Sanitary Institute.
4. State Registered Nurse: (a) General, (b) Fever, (c) Sick Children.
5. State Certified Midwife.
6. Health Visitor's Certificate of the Royal Sanitary Institute.
7. Nursing Administration Certificate of the Royal College of Nurses.
8. Midwifery Teacher's Certificate.

PART I.

Vital Statistics

Height above sea level—100 to 240 feet.
Area of Borough in acres—6,463.
Resident population (Registrar General's estimate, 1952)—84,000.
Resident population (last census, 1951) — 84,861.
Percentage decrease on last census population—1.1%.
Density of population per acre—13.
Inhabited houses (at 31st March, 1953) :—

(a)	Dwelling houses	24,533
(b)	Dwelling houses and shops	709
(c)	Licensed premises	131
	Total ...	25,373

Rateable value (at 31st March, 1953)—£639,167.

Sum represented by 1d. rate (at 31st March, 1953)— £2,560.

Birth rate per 1,000 population—14.1.

Death rate per 1,000 population—11.5.

Natural increase—220.

Infant mortality rate per 1,000 live births—26.2.

Neo-natal mortality rate per 1,000 live births—13.5.

Still birth rate per 1,000 births—33.5.

Deaths from notifiable infectious diseases (other than tuberculosis)—4.

Deaths from diarrhoea (under 2 years)—1.

Deaths from pulmonary tuberculosis—11.

do. do. non-pulmonary tuberculosis—1.

do. do. cancer—172.

do. do. circulatory diseases—474.

do. do. pneumonia and bronchitis—79.

do. do. violent causes—22.

Deaths under four weeks—17.

Maternal deaths—nil.

Deaths of persons 65 years and over—66.0% of all deaths.

Deaths of persons 75 years and over—37.0% of all deaths.

Births and Deaths, 1952 :—

Live births—

Legitimate ... 1,117 (males—600 ; females—517).

Illegitimate ... 66 (males— 36 ; females— 30).

Still births—41.

Deaths—963 (Males—511 ; females—452).

Death Rate of Infants under One Year.

All infants per 1,000 live births	26.2
Legitimate infants per 1,000 legitimate live births ...	27.8
Illegitimate infants per 1,000 illegitimate live births ...	—
Neo-natal death-rate per 1,000 live births	13.5
Still birth-rate per 1,000 births	33.5

Inquests held—40.

Uncertified deaths—26.

Deaths in institutions—354 (including 52 in institutions outside the Borough. This is equivalent to 36.8% of all deaths compared with 34.8% in 1951).

TABLE I.

Comparable Table of Vital Statistics, 1933—1952).

		Birth-Rate*		Death-Rate*		Infant Mortality*	
Year	Estimated Population.	Dar-lington	England & Wales	Dar-lington	England & Wales	Dar-lington	England & Wales
1933	73,340	13.8	14.4	12.0	12.3	67	65
1934	74,550	14.8	14.6	10.8	11.8	60	59
1935	75,300	14.8	14.7	12.2	11.7	59	57
1936	75,500	15.5	14.8	12.7	12.1	58	59
1937	75,620	15.1	14.9	12.9	12.4	58	58
1938	75,930	15.8	15.1	12.9	11.6	56	53
1939	76,900	16.8	15.0	12.5	12.1	56	50
1940	77,720	16.3	14.6	13.9	14.3	58	55
1941	80,010	16.4	14.2	12.4	12.9	54	59
1942	78,880	15.7	15.8	12.1	11.6	59	49
1943	77,400	16.0	16.5	13.5	12.1	53	49
1944	77,640	19.8	17.6	12.5	11.6	42	46
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,710	19.6	19.1	11.9	11.5	40	43
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34
1949	84,880	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30
1951	84,770	15.5	15.5	12.4	12.5	28	30
1952	84,000	14.1	15.3	11.5	11.3	26	28

* Rate Per Thousand

The following Tables provide further information relating to the cause and place of deaths in the Borough and to the special incidence of mortality among infants under 1 year of age and among children aged 1 and over and under 15 years of age.

TABLE II.

Deaths occurred from the following causes :—

	CAUSE / WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	Haughton	Eastbourne	West	South	Lingfield	Total	Inward Transfers	Grand Total
1	Tuberculosis, respiratory	...	1	1	3	3	...	...	...	...	1	1	10	1	11
2	Tuberculosis, Other ...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
3	Syphilitic disease ...	...	...	...	1	...	1	...	...	...	...	...	2	...	2
4	Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	Whooping cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6	Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7	Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Other Infective and parasitic diseases ...	...	2	...	...	...	...	...	...	1	...	1	4	...	4
10	Malignant neoplasm, ,, ,, stomach	1	4	2	3	4	6	...	...	4	6	3	33	...	33
11	,, ,,lung, bronchus	1	6	1	1	3	4	4	1	1	2	4	28	1	29
12	,, ,, breast ...	...	...	...	...	2	...	1	4	...	1	1	9	1	10
13	,, ,, uterus ...	...	...	3	1	...	...	...	...	...	2	1	7	1	8
14	Other malignant and lymphatic neoplasms	6	4	6	9	14	19	...	8	4	8	3	81	11	92
15	Leukaemia, aleukaemia	2	...	...	...	...	...	...	1	...	...	...	3	...	3
16	Diabetes	...	1	1	1	...	...	...	...	...	...	...	3	...	3
17	Vascular lesions of nervous system ...	3	5	9	11	9	12	4	10	7	14	12	96	3	99
18	Coronary disease, angina	6	8	3	7	16	7	4	6	7	10	3	77	6	83
19	Hypertension with heart disease	1	...	1	...	...	1	2	...	...	1	...	6	1	7
20	Other heart disease ...	5	6	4	5	11	9	3	9	3	14	8	77	12	89
21	Other circulatory disease	14	19	11	16	26	14	14	18	12	23	17	184	12	196
22	Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23	Pneumonia	3	1	1	1	8	2	2	6	3	1	2	30	2	32
24	Bronchitis	3	6	1	6	4	3	1	6	3	3	9	45	2	47
25	Other diseases of respiratory system ...	1	1	1	...	...	2	...	...	1	...	1	7	...	7
26	Ulceration of the stomach or duodenum ...	2	...	3	2	1	...	...	...	1	...	1	10	1	11
27	Gastritis, enteritis, and diarrhoea	...	...	...	...	1	3	1	1	...	...	...	6	...	6
28	Nephritis and nephrosis	...	4	2	1	...	1	...	1	1	3	1	14	2	16
29	Hyperplasia of prostate	2	...	1	...	1	...	1	...	...	1	1	7	1	8
30	Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31	Congenital malformations	...	...	...	...	...	...	...	...	...	...	2	2	...	2
32	Other defined and ill-defined diseases ...	16	21	8	12	12	9	9	6	6	16	18	133	9	142
33	Motor vehicle accidents	...	...	...	...	...	...	2	1	...	...	1	4	...	4
34	All other accidents ...	1	...	...	1	2	...	...	1	...	...	...	5	3	8
35	Suicide	...	...	1	1	...	...	2	1	...	1	3	9	1	10
36	Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Totals ...	67	89	60	82	117	93	50	80	54	108	93	893	70	963

The deaths occurred at the following ages :—

Under 1 week	13	1— 2 years	2
1— 2 weeks	1	2— 5 ,,	4
2— 3 ,,	1	5—15 ,,	3
3— 4 ,,	2	15—25 ,,	8
1— 3 months	4	25—45 ,,	44
3— 6 ,,	5	45—65 ,,	235
6— 9 ,,	4	65—75 ,,	280
9—12 ,,	2	75 years and upwards	355

Total 32

TABLE III.

Seasonal Incidence of Deaths Under 1 Year, 1952.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
ALL CAUSES	11	8	3	10	32
Meningitis (not Tuberculous) ...	...	...	...	...	...
Influenza	...	...	...	...	...
Bronchitis	1	...	...	...	1
Pneumonia (all forms)	5	2	...	5	12
Gastro-enteritis	...	...	...	1	1
Suffocation	...	1	...	...	1
Injury at Birth	...	...	...	1	1
Atelectasis	...	...	1	1	2
Congenital Malformations ...	1	...	1	1	3
Premature Births	2	2	1	...	5
Atrophy, Debility and Marasmus	...	...	...	...	...
Other Causes	2	3	...	1	6

TABLE IV.

Infant Mortality, 1952.

Net deaths from stated causes at various ages under one year of age.

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
All Causes — Certified	12	1	1	2	16	4	5	4	2	31
All Causes — Uncertified	1	...	...	...	1	...	...	...	...	1
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	1	...	...	1
Pneumonia (all forms)	2	1	1	...	4	1	3	2	2	12
Gastro-enteritis	...	...	...	...	...	...	...	1	...	1
Suffocation	...	...	...	1	1	...	...	...	...	1
Injury at Birth	1	...	...	...	1	...	...	...	...	1
Atelectasis	2	...	...	...	2	...	...	...	...	2
Congenital Malformations	1	...	...	1	2	1	...	...	...	3
Premature Birth	5	...	...	...	5	...	...	...	...	5
Atrophy, Debility and Marasmus ...	...	...	...	...	...	...	...	...	...	...
Other causes	2	...	...	...	2	2	1	1	...	6
Total	13	1	1	2	17	4	5	4		32

TABLE V.

Mortality among Children, 1-5 years and Children of School Age.

Causes of Death	1	2	3	4	To'l 1–5	5	6	7	8	9	10	11	12	13	14	To'l 1–15
Road Accidents	...	1	1	...	2	...	...	...	...		...	...	...	...	...	2
Asphyxia by drowning	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Scald of Face and Neck ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Bacterial Endocarditis ...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Rheumatic Carditis	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Rhabdomyosarcoma of Kidney	...	...	...	...	...	1	...	...	...	...	...	...	...	...		1
Status Epilepticus	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Acute Infective Hepatitis ...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
TOTAL	2	2	2	...	6	1	...	...	..	...	...	...	2	...	...	9

TABLE VI.

Still Births, 1952.

All stillbirths ... ... 49 Born in hospital ... 36 Born at home ... 13

Sample analysed ... ... 36 „ „ ... 29 „ „ ... 7

Causes—		
Congenital abnormalities—		
Anencephaly	—	4
Hydrocephaly	—	7
Maternal Causes—		
Toxaemia of pregnancy	—	7
Intercurrent illness	—	1
Rhesus factor	—	1
Difficulties at Term and in Labour—		
Before labour began	—	2
During delivery...	—	8
Cause unknown	—	6

The above included four twins, and other cases where death was theoretically preventable though it is much easier to say this than in each individual instance to secure a satisfactory outcome. The large proportion of congenital abnormalities is worth noting and if these are associated, as in some cases they appear to be even in this small series, with maternal toxaemia, a clue is provided as to the cause, though so far we are little nearer its removal.

TABLE VII.

1952 Cancer Deaths—Parts of Body Affected.

Parts Affected	under 35		35–45		45–55		55-65		65–75		75 and over		Total		% of all cases
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mouth and Throat	...	...	...	...	...	1	...	...	1	1	5	...	6	2	4.6
Gastro Intestinal	1	...	1	4	3	1	14	5	11	18	12	16	42	44	50.0
Genito Urinary ...	1	2	...	1	2	2	4	6	5	2	5	3	17	16	19.2
Breast	...	...	...	...	...	3	...	3	...	3	...	1	...	10	5.8
Bones	...	...	...	...	...	1	1	...	...	...	1	...	2	1	1.8
Glands	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thorax	1	...	1	1	7	...	10	2	6	...	1	...	26	3	16.8
Skin, etc.	...	...	...	...	...	...	...	...	...	...	1	...	1	...	.6
Brain	...	...	1	...	...	...	1	...	...	...	...	...	2	..	1.2
Total	3	2	3	6	12	8	30	16	23	24	25	20	96	76	100.0

Commentary. Attention is directed to the last column on the right of Table II and to the widely different distribution of deaths among the various causes. Thus more persons died from the effects of accidents than from respiratory tuberculosis, and deaths from infectious diseases of all kinds were only a little more than a tenth of the number due to cancer. By far the greatest cause of mortality continued to be maladies of the circulatory system, some of which are, as was noted in the Report for last year, due to the effects of normal wear and tear. Many others are, however, truly pathological degenerations, the prevention of which should be theoretically possible. The trend for people to die at a later age continued, 66.0% of deaths occurring at 65 years and older. The real issue in this connection is not congratulation upon the longevity of so large a proportion but an enquiry why as many as 34% were at a younger age.

With regard to cancer, a good deal of doubt exists in professional circles about the advisability of public information on the subject, some believing that it increases apprehension without any positive gain and others doubting whether much can be promised from early detection with any degree of certainty. In our present state of knowledge the best that can be claimed as preventive medicine is the early investigation of suspicious symptoms. A certain number of talks were given on cancer as part of the health education scheme for 1952 (see page 72) and they were all well received. It is hoped that the hearers may have learned some useful facts as a result of them. Something would be gained if the "hush hush" attitude of so many towards cancer could be broken down, as nothing is gained from silent and anxious fear about a misfortune which, grim as it may be in some of its manifestations, is just one disease among others.

The infant mortality rate again shows a decline and now compares favourably with that of the country in general. The largest single cause was pneumonia, and of 13 neo-natal deaths in the first week, 8 were due to prematurity. Where children over 1 year but under 15 were concerned, of 9 deaths 3 were due to accidents, and among deaths in the population generally 12 were accidental in this sense of the word. Since the number of fatalities is small among all accidents, the total morbidity from this cause must have been very large, and the whole subject is one that deserves careful analysis and investigation.

PART II.

Prevalence and Control over Infectious Diseases

§ 1. GENERAL.

The following table shows the incidence of infectious diseases and also their disposal to the Isolation Hospital. The initials "C" and "M" designate civil and military patients. The arrangement with the military authorities to admit certain cases of infectious disease among officers and other ranks and their families at Catterick Camp to the hospital was continued by the Darlington District Hospital Management Committee throughout 1951 and patients from rural areas were also admitted under continuing earlier agreements as well as because their homes were within the area of the Darlington Hospital District. R.A.F. patients from neighbouring stations were admitted also and are included with "M" cases in the Table.

During 1952 the cubicle block of 18 beds was still found sufficient to accommodate all patients requested for admission and though at times the margin of safety was narrow there were other occasions when the majority of beds remained empty for days or weeks at a time. It is, of course, essential to maintain a margin of isolation beds, since admissions to them are all of the nature of an emergency; there is no waiting list to supply a steady stream of occupants. Table VIII below shows the incidence of infectious diseases and the admissions to hospital of the various categories both from within and outside the County Borough.

(Table VIII overleaf)

TABLE VIII.

Incidence of Infectious Diseases.

DISEASE.	Borough Cases				Cases removed to and Deaths in Isolation Hospital							
	Total Cases Notified		Total Deaths		From Borough				From Rural and other Districts			
					Cases		Deaths		Cases		Deaths	
	C.	M.	C-	M.	C-	M-	C.	M.	C-	M.	C.	M.
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	122	...	...	...	36	...	...	...	14	3	...	...
Diphtheria	1	...	...	...	1	...	...	...	7	...	...	...
Meningococcal Infection	2	...	...	...	3	...	...	...	1	...	...	...
Erysipelas	8	...	...	...	1	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	3	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	8	...	...	...	...	...	...	...	...	...	...	...
Babies with Mothers ...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	30	...	32	...	4	...	...	...	1	...	...	...
Measles	377	...	...	...	2	...	...	...	...	6	...	...
Pulmonary Tuberculosis	102	...	11	...	48	...	...	...	24	1	1	...
Meningitis T.B.	...	...	...	...	...	...	...	...	...	...	...	...
Other forms of Tuberculosis ...	5	...	1	...	1	...	...	...	...	...	...	...
Whooping Cough	178	...	...	...	5	...	...	...	1	5	...	...
Para-typhoid	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis	7	...	...	...	6	...	...	...	5	1	...	1
Dysentery	9	...	...	...	1	...	...	...	2	...	...	...
Food Poisoning	9	...	...	...	1	...	...	...	1	...	...	...
Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...
Other Conditions	47	...	...	...	49	...	3	...	22	29	...	...
Totals ...	908	...	44	...	158	...	3	...	78	45	1	1

TABLE IX.

1952—Infectious Diseases in Wards.

Disease	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	Total
Scarlet Fever	22	13	19	11	9	5	5	4	16	13	5	122
Diphtheria	...	...	...	...	...	...	...	...	1	...	...	1
Whooping Cough	18	32	10	12	7	13	12	19	20	11	24	178
Measles	41	77	25	72	24	27	32	31	22	6	20	377
Poliomyelitis	...	...	...	...	1	...	1	1	1	...	3	7
Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection	...	...	1	...	1	...	...	...	...	...	...	2
Acute Pneumonia	2	3	...	3	3	3	1	3	4	4	4	30
Cerebro-Spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	1	3	...	1	1	...	...	1	...	1	...	8
Puerperal Pyrexia	...	...	...	7	...	1	...	...	...	...	...	8
Ophthalmia Neonatorum	1	...	...	2	...	...	...	...	...	...	...	3
Dysentery	1	1	1	...	1	1	...	3	...	1	...	9
Food Poisoning	2	2	...	1	...	1	...	...	1	...	2	9
Others	...	8	4	7	6	3	2	4	3	8	2	47
Pulmonary Tuberculosis...	13	10	10	15	9	6	6	8	11	7	7	102
Non-Pulmonary Tuberculosis	1	...	1	...	...	1	...	...	1	...	1	5
Total	102	149	71	131	62	61	59	74	80	51	68	908

It will be observed that in many of the common infectious diseases the number of admissions to hospital is small compared with the total of cases notified. This is particularly marked in respect of measles, when out of 377 notifications only 2 were admitted and it will be obvious that if a larger proportion were in fact hospitalized, accommodation would need to be much greater. In 1938, as a matter of comparative interest, there were also 2 admissions for measles out of 306 notifications, but whereas in 1952 only 36 patients suffering from scarlet fever were admitted, as compared with 122 notifications, in 1938 out of 173 notifications 139 were admitted. The difference is between 80 and 30% of notified cases. This is partly due to a real decline in severity of scarlet fever and also to a more generalised appreciation that at present it is a mild disease, quite as capable of treatment at home, given reasonable facilities for isolation, as measles. The role of an isolation hospital is in respect of the majority of its admissions less to take out of the community sources of infection than to treat such patients as by reason of the severity of their illness, or adverse social conditions at home, require treatment in hospital. It might be true to say that the only disease where the original intention of the isolation hospital of preventing spread is maintained is small-pox, of which fortunately there were no cases in Darlington during the year.

The outbreak of diphtheria, accounting for 8 patients in all, has already received comment in the introductory letter to this Report. The good record at Darlington with regard to poliomyelitis in the last two years was broken and 8 cases from the town were notified, of whom 6 were admitted to hospital. Of these patients 6 showed paralysis and 2 were left with considerable residual disability. Three patients were under school age, the youngest being nine months, 2 were of school age and 2 over 15 but under 21. Five were females and 2 were males. Careful enquiry revealed no contacts between the patients except for the 2 teenagers, who were closely friendly and lived near together. They both became ill within two days of each other. With regard to the other patients, the patient with tuberculous meningitis, a girl of nine, was related to a patient with advanced pulmonary and laryngeal disease who died in 1950. Actual contact was denied, but this seems a likely link to account for the infection. She was admitted at an early stage of the illness and made no response to streptomycin. Later isoniazid was exhibited and her response was rapid and almost complete, so that at the end of the year she was recuperating in a convalescent hospital for children, with little residual disability beyond impairment of vision.

Food Poisoning.

In accordance with Memorandum 188/Med. of the Ministry of Health, a return was made of cases of food poisoning and suspected food poisoning during 1952 as follows :

Notifications .—

First Quarter	Nil
Second Quarter	5
Third Quarter	2
Fourth Quarter	2

Outbreaks due to identified agents—Total outbreaks—1
Total cases —2

(The identified cause was Salmonella Typhi Murium).

Outbreaks of undiscovered cause ...	Nil
Single cases—Agent identified ... (Salmonella Typhi Murium)	1
Unknown causes ...	6

There are no comments to make on any of these cases. All were followed up and the appropriate investigations made where material was available, but though in two instances an identified agent, Salmonella Typhi Murium, was found, its source was not traced.

One practioner in the town notified a disproportionate number of cases and one may believe that a larger number of patients suffered from transient diarrhoea and vomiting of obscure origin, possibly attributable to food poisoning, than the figures suggest. On the other hand, unless suspected food poisoning were notifiable it is possible that none would have come to the knowledge of this Department.

§ 2. TUBERCULOSIS AND MASS RADIOGRAPHY.

I am indebted to Dr. Gilbert Walker, the Chest Physician, for his report as follows :—

A noteworthy event in 1952 was the much publicised introduction of the drug isonicotinc acid hydrazide (now known as isoniazid) in the treatment of clinical tuberculosis in America. The widespread publicity given to the early results of treatment soon created a demand for supplies in this country and as the drug is easily administered by mouth and has few toxic effects in therapeutic doses it was being widely used here shortly after its introduction in America and before adequate clinical trials had been carried out. Realising the urgent need for reliable evidence of the efficacy of isoniazid, the Medical Research Council appointed a Tuberculosis Chemotherapeutic Trials Committee to undertake controlled trials of the drug and an interim report was published on October, 1952. followed by a second report in March, 1953. These reports indicate that streptomycin plus isoniazid, judged solely from the results at three months is clinically the most effective of the treatments studied by the Committee. Some of the early literature on isoniazid gave the impression that bacillary resistance, which so limited the use of other chemotherapeutic agents, did not arise with isoniazid. The M.R.C. trials have shown, however, that resistance to isoniazid, when used alone, develops rapidly and it is now recommended that none of the drugs (streptomycin, P.A.S., and isoniazid) should be used alone nor should a combination of any two of them be used where the organism is resistant to one of the pair. The trials are still going on and it is obvious that the final place of isoniazid in the treatment of tuberculosis has yet to be decided, but to local health authorities who have a statutory obligation to deal with the prevention of tuberculosis, isoniazid, like other measures of treatment which are only partially successful, will appear as a double-edged weapon capable on the one hand of diminishing the amount of infection in the community by converting sputum positive cases to sputum negative and on the other hand prolonging the life of patients suffering from the disease and so providing opportunities for spread of infection from individual patients over a longer period.

Any treatment which prolongs life but does not produce permanent absence of tubercle bacilli from sputum ameliorates the lot of the individual sufferer at the expense of aggravating the problems of prevention, tending to cause an increased incidence and lowered mortality.

In Darlington, the 1952 statistics show that the number of notifications and the total number of cases on the tuberculosis register continued to rise, whereas there was a sharp drop in the number of deaths. There is reason to believe that this state of affairs is reflected in the figures for the country generally and as there is no evidence

that the virulence of the organism has become attenuated in any way it seems reasonable to conclude that although treatment is having some success in delaying or preventing a fatal outcome in sufferers from the disease, the preventive measures at present employed are failing to check the spread of the disease in the community.

It may be argued that the increased prevalence is more apparent than real and is due to better ascertainment. It is certainly true that diagnostic facilities have improved, but it would be too optimistic to explain away the increased number of cases in this way and in any event better ascertainment means more demand on treatment beds and intensified efforts on the preventive side of the work.

The following paragraphs give some details of the tuberculosis service during the year 1952.

Administration.—There was no change in the administrative arrangements for the chest service. The Darlington administrative area for tuberculosis extends from Bishop Auckland to Northallerton and includes the intervening parts of the Counties of Durham and the North Riding of Yorkshire.

The chest clinics at Bishop Auckland, Darlington and Northallerton are staffed by three Chest Physicians who in addition to clinic duties control the treatment in 100 hospital beds in the area. The Chest Clinic at Greenbank Hospital serves Darlington and the adjacent County districts as a consultative and diagnostic centre for chest diseases and as a treatment centre for out-patients having artificial pneumothorax and pneumoperitoneum refills.

The Corporation established a " contact clinic " in their School Clinic premises and in this work the Medical Officer of Health and his staff are in close liaison with the Chest Clinic team.

The provision of an Odelca camera in the radiological department of Darlington Memorial Hospital to which doctors may directly refer patients for chest radiography has proved a valuable addition to available diagnostic facilities, which will undoubtedly be increasingly used in future where practitioners desire a report on a chest radiograph without necessarily requiring a clinical opinion.

Beds for in-patient treatment were allocated to the Darlington administrative area in the following hospitals :

	Male	Female
Tindale Crescent	—	14
Helmington Row	14	—
Hundens Unit	4*	21
St. Cuthbert's, Croft	60†	—
Friarage	—	10§
Poole	5	10
Holywood Hall Group ...	10	10

* By arrangement with Dr. J. V. Walker.

† 30 of these beds allocated to Middlesbrough.

§ Not occupied during 1952.

Notifications.—The following table shows the distribution of notifications received during the year. The total of 107 respiratory cases compares with 96 in 1951 and 91 in 1950, showing a steady increase in incidence.

TABLE X.

Age Distribution of Notifications.

		0–4	5–14	15–24	25–34	35–44	45–54	55–64	over65	Total
Respiratory	M.	2	2	11	12	8	14	8	3	60
	F.	4	3	15	13	3	4	1	4	47
Non-Respiratory ...	M.	—	—	2	—	—	1	—	—	3
	F.	1	1	1	—	—	—	—	—	3

Deaths.—Deaths from respiratory tuberculosis numbered 11, compared with 28 in each of the two preceding years. Deaths from non-respiratory tuberculosis numbered 1 compared with 7 in 1951. There can be little doubt that the short-term benefit from the addition of isoniazid to the armamentarium accounts largely for the substantial decrease in the number of deaths. It remains to be seen whether the efficacy of the drug will hold good over a long period.

Case Finding.—Most of the new cases continued to be found from patients referred to the Chest Clinic by general practitioners. The general hospitals and the Mass Radiography Unit were also important sources. Of the 107 new cases notified no fewer than 37 were discovered by mass radiography compared with 24 in 1951. It must not be assumed, however, that all these patients were symptomless members of the general public who decided to have a routine chest examination and were unexpectedly found to have active tuberculosis. On the contrary, most of such cases were either referred by their own doctors because of the presence of suspicious symptoms or a history of recent respiratory illness, the doctors using the mass radiography service as an alternative to referral to the Chest Clinic.

Of the 37 mass radiography cases, 20 were males and 17 females, their ages ranging from 5 to 70 years. Ten were sputum positive and 9 were classified as having "advanced" disease.

Age and Sex Incidence.—In 1952, of the 90 Darlington patients attending the clinic for the first time and found to be suffering from tuberculosis, 27 were found to have T.B. in the sputum.

The age and sex incidence of the new cases is given in the following table, the figures in brackets being the comparable 1951 cases.

TABLE XI.

	15—25	—45	—65	65+	Total
Male	9 (5)	15 (14)	20 (12)	4 (2)	48 (33)
Female	12 (10)	13 (9)	4 (5)	1 (1)	30 (25)
Children	—	—	—	—	12 (4)
Total ...	21 (15)	28 (23)	24 (17)	5 (3)	90 (62)

Occupation.—Of the new cases, 26 were housewives, 20 were employed in some branch of engineering, 11 were labourers, 10 were shop assistants and the remainder were drawn from a wide range of occupations.

Mass Radiography.—As an experiment the Mass Radiography Unit visited the town for one week each month, except during the summer when annual leave was taken by the staff and the apparatus was overhauled. This arrangement was convenient for doctors and patients and the short frequent visits were also preferred by the Chest Clinic staff as the additional work necessitated by the reading of miniature films and the investigation of all patients referred from the Unit to the Clinic was more uniformly spread over the year. Except in the case of very young children practically all the radiography of contacts was done by the Unit. All persons who were considered to require a full-size radiograph were referred to the Chest Clinic. In this connection there still appeared to be some misunderstanding of the functions and limitations of miniature radiography and although this matter was mentioned in the Annual Report of 1951 it is felt necessary to enlarge on the comment made then.

(1) Reference to the Chest Clinic for investigation does not necessarily imply the presence of serious disease. In some cases the recall is made for technical reasons and in others the full-size radiograph shows no evidence of disease when the miniature film shows a doubtful abnormality.

(2) Patients who know they have abnormal shadows in the lung radiograph should be discouraged from attending the Unit for a progress report as the service is not suitable for this.

(3) The significance of a "satisfactory" report from a single examination should not be overestimated. If symptoms persist or appear subsequently the examination ought to be repeated or the patient should have full clinical and radiological examination.

The Unit was accommodated during each of its ten visits at the Health Department, which also controlled local arrangements. There was one breakdown of a day and a half during the May visit.

School-leavers were X-rayed at the beginning of the year and the usual organised parties from offices, shops, works and numerous other business premises were arranged. In the case of the larger works, e.g., The Forge, Whessoe Ltd., British Railways, the firms ran one or two buses in a shuttle service to maintain a continuous flow through the Unit.

The general public were contacted through press advertisements, cinema slides, leaflets, Maternity and Child Welfare Centres and the 70 recipients of the health education bulletin letters.

The attendance of T.B. contacts was arranged by the T.B. Health Visitor, and all general practitioners in the town and its environs were supplied with a calendar setting out the year's programme, and a small supply of leaflets giving details of each visit.

TABLE XII.

Numbers X-rayed on Miniature Films, and Referred to Chest Clinic.

Source of Attendance	Miniature Films			Referred to Chest Clinic		Found to be normal at Chest Clinic	
	Male	F'male	Total	Male	Female	Male	Female
School Children	661	731	1392	4	5	—	2
National Service Recruits	799	—	799	4	—	—	2
Corporation Departments	237	227	464	3	1	1	—
T.B. Contacts	117	183	300	2	7	—	1
Works, Offices, Shops and General public	3483	3680	7163	69	50	6	7
Totals ...	4297	4821	10118	82	63	7	10

X-rayed on Minature Film	10,118
Diagnosed on Miniature Film	21
Referred to Chest Clinic for Large Film ...	145
=1.43% of total X-rayed	
Found to be normal at Clinic	17
=11.72% of total referred to Clinic	
Found to be abnormal at Clinic	109
=75.17% of total referred to Clinic	
Outstanding at Chest Clinic	19

TABLE XIII.

Abnormalities Shown in Disease Groups—Males and Females.

Active Pulmonary Tuberculosis ...	44	= 0.43%	of total X-rayed
Inactive Pulmonary Tuberculosis ...	35	= 0.34%	,, ,, ,,
Thoracic Neoplasm	1	= 0.009%	,, ,, ,,
Pneumokoniosis	2	= 0.018%	,, ,, ,,
Bronchiectasis	3	= 0.027%	,, ,, ,,
Pleural Abnormalities	10	= 0.09%	,, ,, ,,
Bronchitis and Emphysema	3	= 0.027%	,, ,, ,,
Congenital Heart Disease	1	= 0.009%	,, ,, ,,
Acquired Heart Disease	10	= 0.09%	,, ,, ,,
Miscellaneous	21	= 0.20%	,, ,, ,,
Total ...	130	= 1.28%	,, ,, ,,

Disposal of New Cases.—In most instances patients diagnosed for the first time were recommended for in-patient treatment and admitted after a waiting period varying from a few days to several weeks during which time chemotherapy and bed rest were begun at home.

In a few cases owing to advanced age or the nature and extent of the disease in-patient treatment was not considered necessary. Domiciliary collapse therapy was not used in this area.

B.C.G. Vaccination.—The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. B.C.G. was offered in suitable cases. In all, 188 contacts were tuberculin tested and 58 were vaccinated with B.C.G.

There was no extension of the scheme during the year and our activities were restricted to the testing of hospital staffs and contacts. The total number of persons vaccinated with B.C.G. by the clinic staff during 1952 was as follows :—

Hospital staff	11
Patients in hospital	105
Contacts	61
	177

The more widespread use of B.C.G. appears to be one of the most promising lines of attack in the prevention of tuberculosis as the usefulness of the vaccine under present conditions is limited by the fact that many contacts are already tuberculin positive by the time they are tested and consideration should be given to an extension of the scheme to include all children in their final year at school. Such an arrangement would require the co-operation of the Education and Health Committees and the approval of the Minister of Health.

Care Work.—The day-to-day care work is undertaken by the Tuberculosis Care Committee and a summary of the work is set out in the Committee's Annual Report.

In respect of unsatisfactory housing conditions, each case is considered by the Medical Officer of Health in consultation with the Chest Physician and the necessary action to remedy defects or secure priority of rehousing is taken by the former.

Patients on the Register.—On 31st December, 1952, there were 435 Darlington patients on the Chest Clinic register compared with 340 in 1951. Of these, 426 were suffering from respiratory tuberculosis.

The following table shows the age and sex distribution together with the classification into sputum negative (A) and sputum positive (B) and the extent of the disease (1) early, (2) moderately advanced, and (3) advanced.

TABLE XIV.

Age Group	A.1		A.2		A.3		B.1		B.2		B.3		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5	5	3	—	1	—	2	—	—	—	—	—	—	5	6
,, 15	6	7	—	—	—	—	—	—	1	—	—	—	7	7
,, 45	66	63	21	20	2	2	21	17	33	31	7	10	150	143
,, 65	31	5	21	2	2	2	7	1	20	3	4	3	85	16
Over 65	—	—	3	1	—	—	1	—	1	1	—	—	5	2
Totals ...	108	78	45	24	4	6	29	18	55	35	11	13	252	174

§ 3. VENEREAL DISEASES.

Dr. E. Campbell, the Consultant Venereologist, reports as follows :—

Since records were first kept in Darlington, the year 1952 is the first time that no cases of early (viz. Primary or Secondary) Syphilis has been recorded.

The incidence of Gonorrhoea has dropped by roughly 50%. Cases of later Syphilis, Non-specific Urithritis and others remained at a fairly constant level.

Of late Syphilis, the female cases outnumber the male, because a high percentage of these cases come from Ante-natal Clinics where routine blood tests are done.

On the face of it, fresh recently acquired Venereal Disease is no longer a community problem, the falling incidence is noted throughout the country and may be due in no small measure to the widespread use of Antibiotic drugs in all branches of medicine. Whether we shall see an increasing number of late cases in 15—20 years remains to be seen, since the investigation of all cases of Venereal Disease from the clinical and social point of view, should remain in the Special Treatment Department.

New Cases :

	1952	1951
Syphilis	—	... 11
Gonorrhea	36	... 62
Non-venereal	150	— 156

PART III.

Administration and Organisation

§ 1. GENERAL.

A local health authority of the size of Darlington has many advantages in that it admits of the closest possible associations between the Medical Officer of Health and the various branches of his department, and also between the personnel concerned. The Medical Officer of Health does not need to spend his whole time on administrative duties in his office, but is able to learn first-hand the details of the health and sociology of the community by, for instance, assessing applications for priority of rehousing in company with the Chief Sanitary Inspector, by visiting mental defectives and persons of unsound mind for the purposes of supervision and certification with the Mental Welfare and Duly Authorised Officer, by spending one session each week as medical officer to a baby clinic and on routine school medical inspections and so forth. There is in Darlington an additional advantage that the Medical Officer of Health is also a Consultant Physician in Infectious Diseases, with charge of beds at hospital, and so has full control in any epidemiological situation. The medical establishment consists of two full-time officers in addition to the Medical Officer of Health and there does not appear to be any need at present for more staff in this respect. At the end of 1952 three agency arrangements existed, for the carrying out of home nursing with the Darlington Queen's Nurses' Association, of domestic help with the Women's Voluntary Service and of the ambulance service with the Fire Department. These arrangements had been established by the approved proposals under the Act of 1946 and with regard to the first two the supervision exercised by the Health Department has grown closer with the years.

There are no joint arrangements with other local health authorities except insofar as the areas served by the Chest Physician and the Consultant Venereologist extend into the neighbouring authorities of Durham and the North Riding County Councils, so that the responsibilities for home care and contact tracing carried out by these officers are shared between the authorities concerned. A scheme has been proposed for the joint use of a social worker for the Venereologist to trace contacts irrespective of boundaries, but so so far no practical scheme has been approved.

§ 2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

Effective co-operation under this heading depends more upon personal relationships than upon formal arrangements. The Medical Officer of Health is, however, a member of the Darlington Executive Council and of the Darlington and District Hospital Management Committee. As Physician for Infectious Diseases he is a member of the consultant staff of the Darlington hospitals and so has contacts with his colleagues in this branch at the clinical level. He has contact with general practitioners under three headings :

(a) By the weekly bulletin (See page 71).

(b) By meeting them on occasions in consultation in respect of doubtful cases of infectious disease.

(c) In investigating recommendations on medical grounds for priority in rehousing.

Co-operation is obtained from the Secretary of the Hospital Management Committee who supplies a weekly return of Darlington children of school age admitted and discharged from hospitals of the group, and includes pre-school children where burns and scalds are involved. Though this is primarily a school health service, it seems rightly included in the survey. Co-operation is given to the hospital by the Senior Health Visitor, who investgates cases of chronic sickness with a view to their relative priority and the urgency of their need for admission. The health visitors also co-operate with the general practitioners and the maternity hospital in investigating patients referred to the Health Department as in need of admission for confinement on account of social emergency. The Health Department has offered its services to assess need of hospitalisation in all expectant mothers wishing to book for a bed, but up to the present no use has been made of this suggestion. The closest co-operation exists in respect of infectious diseases and, owing to the status of the Medical Officer of Health as Physician, no difficulties are encountered in the fullest exchange of information. At the present time and for some years past there has been no Almoner appointed to the Hospital Management Committee and a potential field exists for the use of health visitors to carry out her normal duties, and health visitors have been recommended to general practitioners to act as their social workers if required. Neither scheme has, however, been accepted and there are certain practical difficulties in the way of the latter. On the other hand, the home nursing and domestic help services of the local health authority are used to the full by general practitioners and the hospitals also refer patients to them when the need exists. The domiciliary midwives also assist the Maternity Hospital by accepting responsibility for patients discharged before the fourteenth day. This habit of premature discharge is deprecated by the Health Department and a stricter oversight of booking in the first place would seem a better policy, but all assistance is given by midwives on request.

Relations with the general public are maintained. in addition to the usual channels through clinics and as necessary in the press, by the transmission from time to time of bulletin letters to various groups and organisations and by a service of lectures on health education problems (see page 72). No guide to the local health services has been issued as such, since it is believed that no serious ignorance exists in Darlington in this respect.

§ 3. JOINT USE OF STAFF.

There is no arrangement with general practitioners to attend clinics or to discharge other medical services belonging to the local health authority. There is, however, joint use under the following headings :

(a) **Maternity and Child Welfare.** Mrs. K. H. Odling-Smee, M.B., Ch.B., D.P.H., the wife of an Anglican clergyman, and not otherwise medically employed, acts as medical officer to baby clinics on four sessions each week, for which she is remunerated at a rate of £2 5s. 0d. per session.

(b) **Midwifery.** The Resident Medical Officer (Registrar status) at Greenbank Maternity Hospital attends three ante-natal sessions per week by arrangement with the Darlington and District Hospital Management Committee. These duties are not formally accepted as part of the appointment, but no difficulty has been found with the Consultants concerned in making him or her available punctually at the times required. The Hospital Management Committee charges the local health authority an appropriate amount for these services.

(c) **Tuberculosis.** In accordance with the terms of his appointment the Chest Physician, Dr. Gilbert Walker, spends a notional three-elevenths of his time in connection with contact tracing and the home care of tuberculous patients resident in the County Borough of Darlington, and such portions of the Counties of Durham and the North Riding of Yorkshire as lie within his area. One-eleventh of his total time may reasonably be attributed to this authority and co-operation is quite satisfactory. He regularly attends a contact clinic on local health authority premises every week and meets the Medical Officer of Health whenever there are cases to discuss. The local health authority provides a Tuberculosis Health Visitor who keeps in touch with all the patients at home in Darlington. The local health authority pays the Regional Hospital Board for Dr. Walker's services at the rate of a senior medical officer, while Dr. Walker is remunerated as a whole-time Consultant Physician.

(d) **Venereal Diseases.** There is no formal arrangement to make use of any part of the time of Dr. Edward Campbell, Consultant Venereologist, but the Senior Health Visitor is loaned to him to attend one session per week at his Darlington out-patients' clinic and to follow up patients and contacts resident in Darlington. Dr. Campbell also meets the Medical Officer of Health as and when occasion arises. A scheme for the employment of a social worker jointly between the three local authorities of Darlington, Durham County Council and the North Riding County Council has been

proposed, but apart from general discussion at a joint meeting for another purpose held at the end of 1950 no progress has been made. The Venereologist is very anxious to have a social worker wholly devoted to venereal diseases. The Senior Health Visitor is obviously limited in the time she can give and in the addresses which she can visit.

(e) **Psychiatric Medicine.** A friendly relationship exists with the Medical Superintendent of Winterton Mental Hospital and with his staff who attend psychiatric out-patients at Darlington Memorial Hospital, and consultations at home or at the clinic are arranged from time to time through this department for Darlington patients. Development in this respect is handicapped by there being only one Mental Welfare and Duly Authorised Officer (see page 52).

(f) **Infectious Diseases.** As already noted, the Medical Officer of Health serves the Regional Hospital Board for a notional two sessions per week as Consultant Physician for Infectious Diseases, for which he is remunerated at the appropriate rate.

§ 4. VOLUNTARY ORGANISATIONS.

The following organisations are with varying degrees of intimacy associated with the work of the local health authority :

(a) **As Agencies.**

(i) The Darlington Queen's Nurses' Association, agency for home nursing under Section 25 of the National Health Service Act (see page 40). Three members of the local health authority serve on the committee of Management, but during the period since the Appointed Day until now the Medical Officer of Health has not ordinarily attended the meetings.

(ii) The Women's Voluntary Service is agency for domestic help. Details of the work under this heading will be found in the appropriate place on page 51. In addition, the Women's Voluntary Service carries out a number of duties which, while not being directly sponsored by the Corporation nor discharging statutory powers, nevertheless are integrated with the Council in various fields. Among these may be mentioned the "Meals on Wheels" scheme for the provision of two hot meals per week to a number of deserving aged and infirm persons. The Organiser of the W.V.S. in Darlington, Mrs. D. Johnson. is also President of the Aged People's Welfare Council, which, as noted elsewhere in this Report, has a place in the yet undefined public responsibility for the welfare of the old. In addition, there are, of course Civil Defence commitments, which are not within the scope of this Report,

(b) **St. Agnes' Home.** This is a hostel for unmarried mothers and their children without, however, facilities for confinement there. Originally a service sponsored by the Church of England, it has subsequently widened its scope and receives an annual contribution, £300 for the financial year 1952/53, from the local health authority. The local health authority is represented on the Committee of Management.

(c) **Women's Voluntary Committee.** This is a voluntary association of helpers at the Corporation baby clinics. It has no existence apart from the work of the local health authority, but carries out certain independent functions such as the organisation of parties for mothers attending the clinics, towards the expense of which the Corporation contributes.

PART IV.

National Health Service Act, 1946

§ 1. CARE OF MOTHERS AND YOUNG CHILDREN (Section 22).

(a) Expectant and Nursing Mothers.

The following ante-natal clinics are held by the local health authority :

Tuesday. 2 p.m.—Cockerton Methodist Schoolroom.
Wednesday. 2 p.m.—Greenbank Maternity Hospital
Thursday. 2 p.m.—Eastbourne Nursery School.
Friday. 2 p.m.—Albert Road School House.

The Medical Officer attending certain of them is provided by the Darlington and District Hospital Management Committee. Blood is taken as a routine for Kahn and Rhesus factor testing. No special arrangements are made for unmarried mothers. Maternity outfits are made available free to expectant mothers in need of them. There is no special arrangement for post-natal facilities, which is regarded as a lack by the Medical Officer of Health, but unavailability of premises and the fully occupied time of a medical officer and health visitors do not permit any extension of facilities at present. Mothers desiring post-natal advice can attend the ante-natal clinics, but they are not strongly urged to do so as a routine for the reasons given.

(b) Child Welfare.

The following is a list of the baby clinics provided by the local health authority.

Monday	10 a.m. and 2 p.m.	Thompson Street Methodist School Room.
	10 a.m. and 2 p.m.	Corporation Road Methodist School Room.
Tuesday	10 a.m. and 2 p.m.	Albert Road School House.
	2 p.m.	Eastbourne Nursery School.
Wednesday	10 a.m. and 2 p.m.	Eastbourne Nursery School.
Thursday	2 p.m.	Coniscliffe Road Methodist School Room.
Friday	10 a.m. and 2 p.m.	Cockerton Methodist School Room.
	2 p.m.	Haughton Church School Room.

In 1952 attendances for the first time of children under one year of age was 864, which was 70% of the notified births during the same period. Total attendances of children under one year of age were 16,951 and of children one to five years of age 8,189.

Maternity and Child Welfare services are handicapped in Darlington in respect of adequate premises for clinics. As will be noted, the majority are held in premises which do not belong to the Corporation and which were not built to serve the purpose. The only Corporation premises at Albert Road School House and Eastbourne Nursery School are not wholly satisfactory, though they are better than the others. The medical staff is supplied by the Medical Officer of Health—one session, the two full-time Assistant Medical Officers of Health—two and three, and Dr. Odling-Smee (see page 31)—four sessions.

(c) **Care of Premature Infants.**

In a general way it may be said that premature infants born at home are nursed at home, except in cases of extreme prematurity and fragility as assessed by the midwife and practitioner called in, when they are conveyed to Greenbank Maternity Hospital. The local health authority has no special loan equipment for nursing at home, but one domiciliary midwife was sent in 1949 to Newcastle-on-Tyne for additional training by that authority in order to "special" premature infants. This procedure was in practice wasteful, as the midwife rarely took responsibility for babies born outside her own district and she left the service of this authority in 1952. The number of premature births (weight assessment) in Darlington during the last five years, the numbers nursed exclusively at home and surviving at the end of the first month, are as follows:

	Total premature births	Nursed exclusively at home	Surviving at end of month
1948	21	16	16
1949	18	17	12
1950	23	19	16
1951	13	10	9
1952	17	16	16

There is no arrangements with a Pediatrician of consultant status to advise on the care and management of premature infants as in Darlington no Physician can be regarded as a specialist in this branch.

(d) **Supply of Dried Milks, etc.**

The Ministry of Food send their own officers to be present on the premises when baby clinics are held in order to sell dried milk and distribute vitamin products under the Government scheme. The local health authority maintains a stock of proprietary foods including dried milk, Virol and Lactagol, which are sold by the health visitors. The latter are available on medical recommendation from the clinic medical officer.

(e) **Dental Care.**

The school health service employs an establishment of two dental surgeons, of whom one, the senior, has remained until the present time. He gives one session per week to maternity and child welfare purposes, actually Saturday mornings. Mothers and pre-school children can be referred to him from the ante-natal and baby clinics. Only very small use has been made of this service : the number of patients referred for examination was :

	Expectant and Nursing Mothers	Children under 5
1949	2 ...	25
1950	1 ...	45
1951	1 ...	12
1952	Nil ...	14

During the last two years the Senior Dental Officer has been away from duty owning to ill-health for considerable periods and no effort has been made to advertise the service to mothers on their own behalf or that of their children. It is no doubt capable of expansion were staff available to deal with it, and meanwhile patients have at need obtained treatment under the National Health Service. No applications have been received since 1951 from expectant or nursing mothers for the reimbursement of the charge made for the provision of dentures. Attempts have been made during the last four years by advertisements in the dental press to fill the vacancy of assistant officer, but without success. Only two applications have in fact been received and neither was suitable.

(f) **Care of Unmarried Mothers and their Children.**

A note has already been made on page 33 on the work of St. Agnes' Home. This organisation derives financial support from a number of voluntary bodies including the Durham Diocesan Rescue Society, in addition to the annual contribution paid by the local health authority. Unmarried mothers applying for help in Darlington are accommodated during their pregnancy and for a variable time after their own confinement. Arrangements are made for the birth of the child with Maternity Hospitals, to which the mothers are admitted as social emergencies. During 1952 two women of home address in Darlington were admitted and nineteen of home address in other areas. It will thus be seen that the Home is by no means an amenity exclusively for Darlington and the question of applying for contributions to other authorities has been considered. A certain number of unmarried mothers were cared for by the Hexham and Newcastle Diocesan Rescue Society at their Home at Brettargh Holt. Westmorland. Up to the present the Corporation has made no contribution to the funds of this Society.

§ 2. DOMICILIARY MIDWIFERY (Section 23).

The area of the County Borough is divided into four districts, to each of which a domiciliary midwife is allocated, and in three instances she lives in her district. A fifth midwife acts as relief. On 31st December, 1952, the establishment was one short. There is a Part II Pupil Midwives' Training School, of normal establishment of four pupils, and a Superintendent to undertake training and to manage the hostel. There is accommodation at the hostel also for two district midwives. The Superintendent acts as non-medical supervisor of the midwives employed by the Corporation. There is no formal arrangement for an acting medical supervisor. Before the Appointed Day the Medical Officer to Greenbank Maternity Hospital, which then belonged to the Corporation, acted in this capacity, but her successor, the present Registrar, of whose services use is made at Clinics (see page 31) has not been asked to accept this additional duty. For formal purposes, therefore, the Medical Officer of Health is medical supervisor of midwives.

There are no midwives whose private domiciliary practice is in Darlington. Midwives employed by nursing homes, of whom there are four, divided between two homes, are supervised by the Medical Officer of Health and Senior Health Visitor. The medical staff of Greenbank Maternity Hospital acts for the Corporation as supervisor of midwives employed there. The Medical Officer of Health and Senior Health Visitor call at the nursing homes on two or more occasions every year and enquire with regard to the work done, but there is no intervention by the local health authority as local supervising authority at Greenbank Maternity Hospital. Intention to practice by the midwives there is of course received yearly. The administration of analgesics by midwives is shown in the following table, from which it will be noted that the percentage of patients confined at home who make use of gas and air analgesia has increased. There is, of course, an overlap between the numbers using gas and air and using pethidine, so that the total in receipt of an analgesic is less than the sum of these two figures.

	1949	1950	1951	1952
Gas and Air Analgesia :				
Number of patients using it ...	169	118	120	183
Percentage of total domiciliary confinements	38	27	31	55
Pethidine :				
Number of patients using it ...	—	—	78	143
Percentage of total domiciliary confinements	—	—	20	43
Total domiciliary confinements ...	444	437	393	334

The table given under § 1(a) of Part IV shows the days and times of ante-natal clinics where midwives interview and examine their patients, but they also visit the homes of patients for such examination and this side of their work has been strongly cultivated by the most recent supervisor.

There is no special co-operation with general practitioners. All general practitioners who are in practice in Darlington are on the obstetric list and midwives in need normally call the patient's own National Health Service practitioner. When no special preference is shown by patients for a particular doctor to be called, some selective choice is shown by midwives for certain practitioners. Since the Appointed Day changes in number of cases where the midwife has acted as maternity nurse are to be observed, as shown by the following figures :

	Cases attended as Midwives	Cases attended as Maternity Nurses
1948	231	... 63
1949	292	... 152
1950	290	... 141
1951	254	... 139
1952	270	... 64

These figures refer only to the work of the municipally employed midwives.

General practitioners make no use of Corporation premises for ante-natal or post-natal clinics and while it is presumed that the ante-natal and post-natal supervision of their patients is sufficient to qualify for the appropriate remuneration under the National Health Service Act there is no evidence that they are in general spending proportionately more time upon this side of their work. The local health authority investigates cases of patients making application for admission to Greenbank Maternity Hospital on grounds of social emergency and the hospital authorities accept without question the recommendations of the Health Department. Normally these cases are investigated by the Senior Health Visitor and sometimes the opinion of a domiciliary midwife is obtained as to whether she would accept responsibility in such circumstances. Midwives are sent on refresher courses in rotation and the supervisor is sent from time to time, but at not less frequent intervals than they. Since the Appointed Day there have been three successive Superintendents of the midwives' home and they have been to two refresher courses, on one occasion at her own expense.

§ 3. **HEALTH VISITING (Section 24).**

By the approved proposals under the National Health Service Act the establishment of health visitors was fixed at ten, organised in eight districts with a Senior Health Visitor and Tuberculosis Health Visitor in addition. The establishment permitted by the local health authority is six District Health Visitors, one Tuberculosis Health Visitor and one Senior Health Visitor. In the summer of 1952 two District Health Visitors resigned and have not been replaced, so that the present establishment is four District Health Visitors, one Tuberculosis Health Visitor and one Senior Health Visitor. With this very depleted staff

it is obviously impossible to extend the service in any direction beyond maternity and child welfare. The standards of maternal care and child health are reasonably high in Darlington and, apart from the inevitable problem families, the time of health visitors is not as heavily committed in this as in some less fortunate areas. Under present conditions, however, it is impossible to carry out more than the barest minimum of maternity and child welfare work either in the homes or at the clinics and unless the Ministry of Health or the Council of the local health authority were to direct that health visitors should make their first concern some other aspect of public welfare, the Medical Officer of Health does not feel justified in putting them to other tasks, though he does not regard this branch as at present requiring the maximum amount of care and time. The Tuberculosis Health Visitor in addition to her ordinary tasks undertakes district work with her colleagues. The Senior Health Visitor takes over the district of each when she is away on leave or otherwise, and carries out, as already noted, certain other duties, such as investigation of maternity cases of social emergency, of priority for admission to wards for the chronic sick on behalf of the Darlington hospitals, and contact tracing for the Consultant Venereologist. She also makes visits with regard to prospective adoptions for the Children's Officer and such other occasional or emergency duties as may be given her by the Medical Officer of Health. She is a woman of notable talent and energy. Considerable difficulty is found in filling vacancies at Darlington and no applications have been received in response to advertisements exhibited in the nursing press during the last six months of 1952. The local health authority is indisposed to sponsor training of student health visitors. The health visitors are sent in rotation on refresher courses, and the Senior Health Visitor also attends appropriate courses at not less frequent intervals than the others.

TABLE XV.

Work of Health Visitors.

	First Visits	Re-visits	Total Visits
Expectant Mothers ...	311	10	321
Infants under 1 year ...	1,125	3,011	4,136
Children 1 to 5 years ...	—	9,002	9,002
Infectious Diseases ...	256	—	256
Infant Deaths	18	—	18
Stillbirths	35	—	35
Miscellaneous Visits ...	312	58	370
Illegitimate Children ...	35	516	551
Tuberculosis Patients ...	86	1,132	1,218
	2,178	13,729	15,907

§ 4. HOME NURSING (Section 25).

What follows under this heading is written for the Annual Report and is not reproduced from the Survey.

The agency arrangement whereby the Darlington Queen's Nurses' Association carried out the statutory duty of the local health authority continued in 1952 as in previous years since the Appointed Day. Three members of the Health Committee served on the Committee of Management of the Association and all running and maintenance costs were reimbursed in full by the Corporation. In 1952 approval was received from the Ministry of Health to proceed with alterations at the residential premises 68-70 Woodland Road, whereby, in accordance with plans drawn up by the Borough Architect, the kitchen accommodation of the two houses originally combined into one was to be adapted to more satisfactory use. Free monies belonging to the Association are being used for this purpose and the work was proceeding satisfactorily at the end of the year.

On 31st December, 1952, the nursing establishment consisted, in addition to the Superintendent, of 8 whole-time and 4 part-time nurses. All were women, the 2 male nurses having left in 1951. It is to be noted that there is an increasing tendency for nurses to wish to live out and on 31st December only 4 were in residence. While understandable, this does not make for administrative ease, especially if a more adequate night service were to be established. A difficult case, needing help towards the end of the year, drew attention to a certain deficiency in this respect.

Your Medical Officer of Health would like to comment with great satisfaction upon the much closer relations now existing between the Association, through the present Superintendent, Miss C. Beckett, and the Health Department. This is particularly good news, firstly for the intrinsic value of the service to the people of Darlington and secondly because of the information about prevailing patterns of non-infectious morbidity available from the records of its work. Full use has again been made of these. An analysis in some detail was included in the Annual Report of 1951 and the first of the following Tables has been prepared on the same lines as last year to show the age and disorders of the patients attended. The second Table records certain trends in the time expended upon patients in different age groups.

TABLE XVI.

Analysis of Visits.

	Under 5	5—25	25—45	45—65	Over 65	Total Cases	Total Visits
Infectious Diseases—							
All other than tuberculosis	1	—	2	2	2	7	54
Tuberculosis	—	12	14	11	3	40	1207
General Diseases—							
Cancer, all sites	—	—	6	28	28	62	2569
Diabetes	—	—	—	13	22	35	5459
Anaemia	—	—	2	6	6	14	518
Diseases of the Alimentary system—							
Tonsillitis	1	5	9	1	—	16	100
Appendicitis	—	2	2	1	3	8	74
Constipation	2	5	10	33	67	117	1495
Threadworms	4	9	1	3	—	17	62
Other diseases	—	2	2	—	1	5	52
Diseases of the Circulatory system—							
Disorders of the heart, various	—	—	5	24	66	95	3836
After effects of Apoplexy	—	—	2	25	99	126	5759
Disease of Veins ..	—	—	1	3	7	11	258
Gangrene not due to Diabetes	—	—	—	1	3	4	42
Diseases of the Respiratory system—							
Bronchitis	5	5	13	25	46	94	1280
Pneumonia	7	8	13	15	22	65	700
Pleurisy and Empyema	—	1	7	6	9	23	281
Asthma	—	2	1	4	6	13	165
Diseases of the Central Nervous System	—	—	4	5	6	15	959
Diseases of Locomotor System—							
Arthritis Deformans ...	—	—	2	7	22	31	2104
Diseases of Genito-Urinary system —							
Diseases of the Kidneys	—	—	1	2	—	3	30
Diseases of the Bladder, including Lavage ...	—	—	1	7	24	32	2787
Abortion	—	3	13	—	—	16	200
Various Dressings, including Mastitis ...	—	3	18	17	16	54	890
Diseases of the Skin—							
Boils, Carbuncles and Septic Infections ...	3	10	29	26	30	98	1324
Dermatitis and Eczema	4	1	5	2	5	17	329
Surgical Conditions—							
Burns and Scalds ...	1	1	2	3	6	13	277
Fractures and Injuries	2	2	1	2	19	26	1259
Post-operative dressings	—	2	6	11	10	29	1261
Minor Operations ...	5	8	7	4	9	33	404
Senility	—	—	—	1	96	97	4054
Unclassified	—	1	—	1	1	3	177
Total Cases ...	35	82	179	289	634	1,219	—
Total Visits ...	358	1049	3,282	8,460	26,817	—	39966

TABLE XVII.

Analysis of Patients and Visits Paid, 1949 and 1952.

	Under 5			5–25			25–45		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	55	562	10	78	818	10	132	1,745	13
1952	35	358	10	82	1,048	13	179	3,282	18

	45–65			Over 65			Total		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	286	7,625	27	545	18,803	35	1,096	29,553	27
1952	289	8,460	29	634	26,817	42	1,219	39,996	33

(1) = Number of patients.
(2) = Number of visits paid.
(3) = Number of visits per patient.

The addresses of the patients visited were again broken down according to the socio-economic background of the locality. The first quarter of the year was taken, accounting for 278 visits, and these were distributed as follows: Much above average—11.9%, Above average—28.4%, Average (including by far the largest number of houses in the town)—47.5% and Below average—12.2%. It remains difficult to say why 40.3% of all visits should have been given in parts of the town where theoretically amenities for self-help were more readily procurable. There is an interesting correlation here with unequal use of the service by various practitioners. While one firm of partners used the service to an equivalent rate of 34.8 visits per 1,000 patients on their list, another practitioner used it for only 1.6 visits per 1,000 patients, the others making a variable use between these extremes.

§ 5. VACCINATION AND IMMUNISATION (Section 26).

The largest organised effort undertaken by the local health authority is to achieve the immunisation of children against diphtheria. This is undertaken as a routine matter at the baby clinics where the health visitors always recommend the value of immunisation to the mothers of infants of six months and over. The majority who accept the suggestion bring their children for it at about ten months. At a year old a birthday card designed by the Central Council for Health Education is sent to all children whose births were notified to the Department, irrespective of whether they have

attended at a baby clinic or not and a further letter and prepaid returnable card is sent to all those who are still not immunised by the sixteenth to seventeenth month. A check is kept on the responses to both these invitations, whether made to a general practitioner or to a clinic, and health visitors follow up defaulters. Additional means of propaganda are from time to time used, taking the form of bulletin letters to the various groups on the health education distribution list and by articles and advertisements in the press. These last are only used when the Ministry of Health recommends a special effort. Arrangements for giving a "booster" dose of antigen and for immunising children hitherto unimmunised are made by arrangement with the school health service during the first school year. The Assistant Medical Officers visit the schools for this purpose.

With regard to vaccination, the only specific propaganda is by the health visitors through the baby clinics and, since September, 1952, by a memorandum entitled "A Message from your Medical Officer of Health," which is sent to the parents of all children who are not vaccinated by their fourth to fifth month. Vaccinations are carried out either at the clinics themselves or at a special session held every week by arrangement at the Health Department. The value of vaccination has also been referred to in bulletins to the groups.

There is no formal plan for immunisation against whooping cough, but the approved proposals under Section 26 of the National Health Service Act include powers to extend this form of prophylaxis and any mother who asks for it can obtain it on behalf of her child at the clinics. At present Suspended Vaccine (Glaxo) is used ; parents are warned that the same degree of protection cannot be promised as in respect of diphtheria, and the earlier the age of the child the more welcome he is in this respect. No guidance has been given to general practitioners with regard to whooping cough immunisation, except that they know that it is available on request at the Corporation clinics. The following tables show the number of children vaccinated and immunised by general practitioners and at clinics from 5th July, 1948, to the end of 1952 :

Primary Vaccination of Children under 15 years of age.

	Local Authority Clinics	General Practitioners	Total
1948 (July to Dec.)	47	58	105
1949	22	117	139
1950	131	94	225
1951	114	91	205
1952	92	87	179

Primary Immunisation of Children under 15 years of age.

	Local Authority Clinics	General Practitioners	Total
1948 (July to Dec.) ...	509	116	625
1949 ...	841	238	1,079
1950 ...	683	197	880
1951 ...	742	251	993
1952 ...	869	209	1,078

The percentage of children under five years of age immunised is 42% and from five to fifteen years of age 62.4 %. These figures are unsatisfactory as compared with the country as a whole and it is difficut to account for the relative indifference of the population where there is no tradition of resistance to artificial immunisation. Nevertheless there has been no fall in numbers immunised during the last two years, as distinct from findings in the country generally.

Some additional details of work carried out in 1952 are shown in the following tables.

TABLE XVIII.

Immunisation Against Diphtheria.

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years ...	642	185	827	133	17	150
5 to 14 years ...	227	24	251	686	45	731
TOTALS ...	869	209	1,078	819	62	881

TABLE XIX.

Vaccination Against Smallpox.

		Age at date of Vaccination					
		Under 1	1	2—4	5—14	15 or over	Total
Health Department	Vaccinated	85	3	4	—	7	99
	Re-vaccinated ...	—	—	—	2	34	36
General Practitioners	Vaccinated	56	9	14	30	49	158
	Re-vaccinated ...	—	1	6	9	128	144
	TOTALS ...	141	13	24	41	218	437

TABLE XX.

Immunisation and Vaccination: Comparative Figures.

	1947	1948	1949	1950	1951	1952
Immunisation, Children under 5 years	686	1,072	844	722	860	827
Immunisation, Children 5—15 years	325	176	235	158	133	251
Vaccination, Infants	464	285	125	207	201	219

TABLE XXI.

Immunisation Against Whooping Cough.

	Age at date of final injection			Total
	Under 1 year	1—4 years	5—14 years	
Health Department	2	17	—	19
General Practitioners	11	45	5	61
TOTAL ...	13	62	5	80

Inoculations against Tropical Diseases.

Facilities for the protective inoculations recommended to those travelling abroad, which were first made available at the Health Department in January, 1950, have been continued.

In all, 36 inoculations were given, details of which are as follows:

Typhoid and Paratyphoid (T.A.B.)	24
Cholera	9
Tetanus	2
Typhus	1

Yellow Fever inoculations are obtained by appointment at the Central Clinical Laboratory, Middlesbrough.

§ 6. AMBULANCE SERVICE (Section 27).

This service is administered as an agency on behalf of the Health Committee by the Fire Department. The patients carried and mileage covered during the four completed calendar years since the Appointed Day are as follows :

	Number of Patients	Mileage
1949	18,239	112,462
1950	20,447	100,502
1951	20,753	114,324
1952	20.564	107,154

From this it will be seen that there is a tendency for the use of the service to increase and though public means of transport are recommended where possible, the majority of doctors prefer to issue certificates for their patients to go by ambulance when it is necessary for them to go to some hospital outside Darlington for special treatment. Occasional examples of apparent abuse are investigated by this Department, particularly in connection with journeys to Newcastle-upon-Tyne. When brought to the notice of practitioners, some extenuating circumstances have usually been advanced. In a few cases the Medical Officer of Health has been asked to enquire into conditions by practitioners to assess the need for an ambulance journey. This is an invidious task as he has necessarily no detailed knowledge of the case, and no alternative scheme to ensure the honest and economic use of the service seems to be possible under present conditions apart from relying on the probity of those who employ it. There is a curious anomaly in this context of a service administered by a department which has no control over the calls made upon it.

§ 7. PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28).

Tuberculosis.

The general scheme of co-ordination between the Chest Physician and the Health Department, which finds its focus in the Tuberculosis Health Visitor, has already been described. The statutory duties of the local health authority to ensure the community care of tuberculous patients are carried out by a voluntary Tuberculosis Care Committee, whose Chairman is the Chairman of the Health Committee, and whose Secretary is the Medical Officer of Health. An annual subscription is paid by the Council to the support of its work and other methods are adopted to raise money from the public, such as the sale of the seals provided at Christmas by the National Association for the Prevention of Tuberculosis, by the holding of concerts and dances and by canvassing among interested groups of the population. The Committee consists of members of the Council and of representatives of various voluntary charitable organisations, and certain members divide the town between them, making themselves responsible to visit the registered patients in their area. As recommended by the Chest Physician, such patients may receive a free allocation of one or two pints of milk per day, paid for out of the funds of the Committee. In making this distribution the Committee is advised by the Chest Physician as to the clinical need of the patient and investigates his financial position. Problems of employment, domestic situation, etc., which may trouble patients can be discussed with their Committee member and brought to the Committee, which is attended by the Medical Officer of Health (ex officio) and by the Tuberculosis Health Visitor. It has to be admitted, however, that the meetings of the Committee for the most part consist of little more than discussions of how to raise money and a report on the allocation of milk. This is not because of unwillingness to assist in more complicated methods of care, but because they are for the most part dealt with by other channels.

The most frequent environmental problem among tuberculous patients brought to the notice of the Health Department is adverse conditions of housing. These are all investigated personally by the Medical Officer of Health, who makes recommendations for priority having regard to all the factors involved. There is no attempt to put tuberculous families together in new housing estates or to put them in specially designed houses, as it is believed that the average type of new Council house is adequate for them, and the idea of a colony within an estate being depecated. If terrace houses become the usual type, as is the present tendency, tuberculous patients will be recommended to semi-detached houses. It was proposed in 1952 by the Chest Physician and the Medical Officer of Health to undertake a survey into the conditions of employment of tuberculous patients, particularly open pulmonary cases, with special regard to liability of passing on or of having contracted the infection at the place of work. It was found, however, that the cases where any such risks existed were too few to justify an enquiry, since relatively speaking tuberculosis is not a major problem in Darlington.

Certain patients, both ambulant and bedfast, are assisted through the Corporation's handicraft scheme, which is described below.

Illness Generally.

The only scheme at present in operation under this head, and itself of very limited scope, is a handicraft workshop where patients suffering from many varieties of chronic sickness and handicap meet to carry out work under an instructor. The range of handicrafts includes leather and plastic work, weaving, toy-making, chair repairing and rug-making, and the disorders catered for include tuberculosis, rheumatoid arthritis, the after-effects of poliomyelitis, asthma, diabetes, heart disease, epilepsy and crippling through amputations. All general practitioners have been advised of the handicraft centre and are free to send patients, but while the numbers on the register remain fairly constant the amenity does not appear to be much thought of by practitioners. The premises are in a disused laundry building at Greenbank Maternity Hospital and while they serve, they are not ideal for the purpose. The handicraft section has been extended to include visits to the homes of bedfast patients, where they are taught and encouraged to maintain interest in such occupations as may be possible for them. It also serves East Haven Welfare Institution, where, since 1952, the assistant instructress has given ten hours' service weekly.

TABLE XXII.

Handicraft Instruction.

No.	Sex	Disability	Work Carried On	At Home	At Centre	Remarks
1	F	Spinal trouble ...	Crochet, tapestry, weaving...	x		Home-bound
2	F	Arthritis	Sewing, waffle mat-making...		x	To centre by ambulance
3	F	P.T.B.	Knitting, dressmaking ...	x	x	
4	F	P.T.B.	Knitting, lampshades ...	x	x	
5	M	Thrombo-angitis obliterans...	Embroidery	x		Home-bound
6	M	P.T.B.	Tapestry	x		
7	M	P.T.B.	Rug-making	x		
8	F	P.T.B.	Knitting, dressmaking, felt toys...	x	x	
9	M	Disseminated sclerosis...	Seagrass stools		x	
10	M	Poliomyelitis ...	Leatherwork, woodwork, basketry, weaving...		x	
11	M	Crushed foot ...	Leatherwork, lampshades		x	To centre by ambulance
12	M	Haemorrhage ...	Weaving	x		
13	M	General disability ...	Tapestry		x	Has ear
14	F	P.T.B.	Embroidery, crochet, seagrass stools...	x	x	
15	M	Bilateral amputation, sugar diabetes...	Weaving, basketry, seagrass stools...		x	Has motor chair
16	M	P.T.B.	Leatherwork, waffle mat-making...		x	
17	F	Arthritis	Crochet	x		Home-bound
18	F	Aurieular fibrillations...	Knitting	x		Home-bound
19	F	P.T.B.	Knitting, tapestry ...	x	x	
20	M	P.T.B.	Seagrass stools, woodwork...		x	
21	M	P.T.B.	Weaving		x	To centre by ambulance
22	M	Disseminated sclerosis...	Seagrass stools		x	To centre by ambulance
23	F	P.T.B.	Knitting, felt toys ...	x	x	
24	M	P.T.B.	Rug-making	x		Home-bound
25	F	P.T.B.	Soft toys, Crinothene work...	x		Home-bound
26	F	P.T.B.	Knitting, sewing, seagrass stools...	x	x	
27	M	P.T.B.	Rug-making	x		
28	M	P.T.B.	Leatherwork		x	
29	M	P.T.B.	Basketry, woodwork, lampshades...		x	
30	F	Bilateral amputation...	Rug-making, embroidery	x		Home-bound
31	M	T.B. spine, amputation left leg...	Weaving, lino printing ...		x	Has ear
32	F	Cardiac trouble ...	Knitting	x		Home-bound
33	F	Apoplexy	Embroidery	x		Home-bound
34	F	Post-operation and haemorrhage...	Weaving, sewing ...	x		Home-bound
35	M	Spastic weakness upper and lower limbs...	Lampshades, seagrass stools...		x	To centre by ambulance

No.	Sex	Disability	Work Carried On	At Home	At Centre	Remarks
36	M	P.T.B.	Weaving	x		Home-bound
37	F	P.T.B.	Sewing	x		
38	M	Cardiac trouble ...	Weaving	x		Home-bound
39	F	P.T.B.	Glove-making, lampshades...	x	x	
40	F	P.T.B.	Knitting	x		
41	M	Hydrocephalic and spastic...	Weaving	x		Home-bound
42	F	Osteomyelitis ...	Weaving, lampshades, tapestry, raffia-work...	x		Home-bound
43	F	P.T.B.	Knitting	x		
44	M	Arthritis	Rug-making, tapestry ...	x		Home-bound
45	M	Paroxysmal tachycardia...	Leatherwork		x	To centre by ambulance
46	F	P.T.B.	Knitting	x		
47	F	P.T.B.	Knitting	x		
48	M	Arthritis	Weaving	x		Home-bound
49	M	Arthritis	Rug-making, leatherwork, weaving...		x	To centre by ambulance
50	M	Arthritis and leg amputation...	Weaving	x		Home-bound
51	F	Spinal caries... ...	Weaving, basketry ...		x	To centre by ambulance
52	M	Progressive muscular atrophy...	Weaving		x	To centre by ambulance
53	M	P.T.B.	Jewelry, printing... ...	x		
54	F	P.T.B.	Embroidery	x		
55	F	Post-operation ...	Knitting	x		Home-bound
56	M	P.T.B.	Rug-making	x		Home-bound
57	M	P.T.B.	Rug-making, weaving, basketry...		x	
58	F	P.T.B.	Sewing	x		
59	F	P.T.B.	Knitting	x		
60	M	P.T.B.	Leatherwork		x	
61	M	Paralysis of lower limbs...	Shorthand, etching, ... lampshades...	x		Home-bound
62	F	P.T.B.	Knitting	x	x	
63	M	Cardiac trouble ...	Embroidery, lampshades	x		Home-bound
64	M	P.T.B.	Woodwork		x	
65	M	Sugar diabetes ...	Marquetry, woodwork ...		x	
66	F	P.T.B.	Knitting	x		
67	F	P.T.B.	Knitting	x		
68	F	P.T.B.	Embroidery, knitting ...	x		
69	M	Spinal trouble ...	Jewelry	x		
70	M	Fractured knee ...	Weaving	x		
71	M	Schizophrenia ...	General interest		x	
72	M	Paralysis of right leg	Rugmaking	x		Home-bound
73	M	Mental	Teacosies in canvas and rugwool...		x	Two hours per week
74	M	Mental	Calendars with lino prints and thonging...		x	Two hours per week
75	M	Mental	Teapot stands in plywood and cane		x	Two hours per week
76	M	Mental	Basket-work, plantpot holders...		x	Two hours per week
77	M	Mental	Small leather purses ...		x	Two hours per week
78	M	Mental	Light woodwork		x	Two hours per week

Summary.

Men	46
Women	32
Attending Centre only	29
Assisted at Home only	40
Both at Centre and Home	9

Suffering from Pulmonary Tuberculosis	36
Suffering from Non-pulmonary Tuberculosis	2
Diseases of the heart and blood vessels	6
Arthritis deformans	5
After-effects of Injuries	2
Mental conditions	6
Other conditions	21

The local health authority does not maintain a convalescent home nor has it any arrangements to send convalescent patients or patients in need of a holiday to a home owned by another authority.

The Medical Officer of Health would like to see community care schemes in existence for other categories of long-term sick, if only by visits of health visitors to advise them on the management of their particular needs. The staff situation does not, however, permit of any extension in this direction.

§ 8. DOMESTIC HELP (Section 29).

A detailed report of the work of this service was given last year. There was no change in 1952 in the organisation and methods in use. Domestic Help was given in all to 434 applicants, divided as follows:

Category "A"—Maternity cases	38
Category "B"—Acute or short-term illness	92
Category "C"—Chronic illness or infirmity	220
Category "D"—Old age otherwise uncomplicated	80
Category "E"—Not classifiable as above	4

Applicants were put in touch with the service as follows:

By their own initiative	347
By general practitioners	24
By the Women's Voluntary Service	19
By the Health Department	10
By hospitals	9
By the National Assistance Board	8
By neighbours	8
By other friends and agencies	9

These figures are in general comparable with those of last year (total 453). There is, however, a marked reduction in maternity cases from 68 in 1951. This may be due to the fact that the majority of such applicants find themselves assessed at the top rate of payment of 2s. 10d. per hour, as the standard of assessment adopted by the Council includes within this scale those of quite moderate income. Thus potential users may feel unable to employ the Corporation service at so high a charge and make their own arrangements. This illustrates one of the several inducements to be confined in hospital which are at present operative. Persons in receipt of incomes sufficiently small to allow for assessment at a cheap hourly rate are found for the most part in Categories "C" and "D" and are those who make the largest use of the service. Domestic help remains, therefore, an expensive item among the amenities provided by the Council and the need to ensure that it is never used unnecessarily is thereby the greater. During 1952 the health visitors investigated the circumstances of 30 patients who had been in receipt of continuous help for a period of three months or more. They found that real need existed in each instance, so that there was no evidence from this enquiry of any kind of abuse, and a closer integration with the health visitors, so that an independent assessment of need can be obtained for each case, is looked for in the future.

§ 9. MENTAL HEALTH SERVICE (Section 51).

This subject can best be dealt with under the headings proposed by the Ministry of Health.

(1) **Administration.**

(a) The Committee responsible is a Sub-Committee of the Health Committee, consisting of five members and including the two medical members. It meets quarterly to receive reports of work carried out and to consider such matters of policy as may have arisen.

(b) **Number and Qualification of Staff employed in the Mental Health Service.** There is only one officer employed whole-time, combining in his person the role of Mental Welfare and Duly authorised Officer. He was appointed in 1950 from the Education Department where he had held an appointment as Welfare Officer, and he had no special qualification for the post. He has, however, proved himself most apt in learning the routine of his present duties and the essential outline of the subject. He has been on two courses for such officers organised by Professor Alexander Kennedy at Newcastle-on-Tyne, and it is hoped to send him on others as and when occasion arises. The Medical Officer of Health and one of the Assistant Medical Officers, Dr. J. F. Bishop, co-operate

closely with this officer for the ascertainment and where necessary certification of mentally unsound and mentally deficient patients. A Senior Clerk in the Health Department acts in the place of the Duly Authorised Officer during his absence on holiday. The Sub-Committee has frequently considered the appointment of an established Assistant Officer, but has never reached a firm conclusion. An Assistant Welfare Officer from the Welfare Department gives a proportion of her time to visiting mentally defective cases under the direction of the Mental Welfare Officer, but this does not constitute relief where it is mainly required and does not in fact allow the Duly Authorised Officer to extend his work in the community care of psychiatric patients, which is where development is mainly needed.

(c) **Co-ordination.** The Medical Superintendent and other Psychiatrists of the Mental Hospital at Winterton, Co. Durham, are on friendly terms with the Health Department and with the Duly Authorised Officer. There is, however, much less co-operation than exists with the Chest Physician and the Consultant Venereologist. Patients on licence from institutions for mental defectives are supervised by the Mental Welfare Officer on behalf of the institutions where they have resided, with whose Medical Superintendents friendly relations are also maintained.

(d) No duties are delegated to voluntary organisations.

(e) No arrangements have been initiated for the training of staff.

(2) **Account of Work undertaken in the Community.**

(a) No specific action has been taken under Section 28 of the National Health Service Act in respect of measures for the prevention of mental illness. It is recognised that this is one of the most important of the problems of preventive medicine today, but the best method of approaching it with a view to a solution remains obscure. With regard to the care and after care of the mentally ill, as apart from ascertainment, the Duly Authorised Officer pays visits to patients remaining at home and to others discharged from hospital as and when time allows. As noted above, there is much room for development in this direction. With regard to the mentally defective, the Mental Welfare Officer keeps in close touch with all those recommended for voluntary and statutory supervision, as well as on licence. With regard to those notified under Section 57(5) of the Education Act, 1944, a careful attempt is made to find suitable employment for them by co-operation between the Mental Welfare Officer, the Headmaster of the special school of the local education authority, the Educational Psychologist and the Youth Employment Officer.

(b) Work carried out under the Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officer during the past four complete years.

	1949	1950	1951	1952
Patients dealt with under Section 1, Mental Treatment Act (Voluntary Patients) ...	20	24	27	45
Patients dealt with under Section 5, Mental Treatment Act (Temporary Patients) ...	—	8	1	1
Patients dealt with under Section 16, Lunacy Act (Certified Patients)	18	26	35	21
Patients dealt with under Section 20, Lunacy Act	2	—	3	—
Patients dealt under Section 21, Lunacy Act	—	—	3	—
Patients dealt with under Section 24, Criminal Justice Act	—	—	1	2
Other Patients (not certified, transferred, etc.) ...	9	23	44	40

(c) Work carried out under the Mental Deficiency Acts, 1913-1938. The figures indicate either numbers dealt with during each year or the position at 31st December.

	1949	1950	1951	1952
Number of mentally defective persons ascertained	5	4	10	18
Number of such persons awaiting vacancies in institutions at end of year	4	5	11	14
Number of mentally defective persons under guardianship	2	3	3	3
Number of such persons under statutory supervision	114	108	96	105
Number in training :				
At Home	10	—	—	1
At Occupation Centre	16	25	30	32

The changing trend over the years shown by the above figures needs a note of explanation. Methods of ascertainment, described below, have become more efficient while at the same time the list of patients under statutory supervision has been rigorously revised. many cases carried forward from past years being eliminated by resolution of the Sub-Committee because the persons concerned were well adapted to a satisfactory environment within the normal community.

The ascertainment of mental defectives is from three sources :

(i) The Health Visitors and baby clinic service. A certain number of low-graded defectives, especially when their mental condition is associated with a fairly obvious physical defect, such as hydrocephalus, are detected before they attain school age. Some of them are excluded from school as ineducable when they reach the age of five years and others are tried there, particularly at the Corporation's special school for mentally handicapped children, in the hope that their attainments may be greater than was expected.

(ii) Defectives of school age are brought to light by operation of Section 57 of the Education Act, 1944, either during the course of their school life if found to be ineducable, or at the end of it if requiring continued care and oversight. A certain number of relatively backward children are also notified for voluntary supervision without formality.

(iii) Already ascertained mental defectives of any age coming to reside in Darlington from elsewhere are normally brought to the notice of this authority by the L.H.A. from whose area they have removed. Occasionally there is an omission in this respect, as also a defective hitherto undetected during school life is sometimes ascertained at a later age, perhaps as the result of a misdemeanour involving him with the police.

The arrangements made for carrying out the statutory duty to provide occupation and training for defectives may be considered under three headings :

(i) An Occupation Centre is maintained, at present in unsatisfactory premises, where there is an average daily attendance of 12 in the morning session and 19 in the afternoon session. The Centre is open five days weekly, but closes for school holidays. Two part-time workers employed on an hourly basis, and one of them a trained teacher, undertake the teaching, entertainment and care of the defectives under the general supervision of the Mental Welfare Officer. The premises, though centrally situated are cramped and inadequate for the numbers attending, being three ground-floor rooms of an old-fashioned house. There are no outdoor playground facilities and insufficient lavatory accommodation. Mid-day meals are provided by arrangement with the local education authority and the same charge is made to patients as for meals at school, the full cost being, however, borne by the Health Committee. It is hoped in the near future to transfer the Occupation Centre to other premises, until 30th June, 1952, used as a day nursery. Though not so central in site, these will give much greater scope than the present accommodation. The consent of the Ministry of

Health is at present awaited to accomplish the transfer. In spite of disadvantages the present Occupation Centre is appreciated by parents of defective children and young persons, and the numbers attending have grown as follows:

1949	...	...	...	...	12
1950	...	...	...	...	12
1951	...	...	...	...	16
1952	...	...	...	...	19

A branch of the National Association of Parents of Backward Children has been established, to which the majority of the parents belong.

(ii) Four defective young men attend the handicraft centre described on page 48 for more advanced training in handicrafts than is possible at the Occupation Centre. There is also a boys' club run by Darlington Toc H. which meets one night weekly and gives the higher grade male defectives an opportunity to play games together and to meet socially.

(iii) Home training for patients unable to attend the Centre. This branch, while recognised as important, is at present undeveloped through lack of time and of suitable instructor or instructress to visit at home. The Mental Welfare Officer gives advice under this head where possible and the help of the handicraft instructor and his assistant instructress has been solicited in certain cases.

PART V.

National Assistance Act, 1948 (Section 47)

§ 1. INTRODUCTION.

As medical adviser to the Welfare Committee I have for some years thought that a section devoted to their most important work should be included in the Annual Health Report because there is so close an association between the spheres of the local authority in its health and welfare capacities. Mr. A. J. Shaw, Chief Welfare Officer, has kindly supplied me with the following survey, for which I am greatly obliged. He writes as follows :

There has always been the closest co-operation between the Health and Welfare Departments and I am glad, therefore, to comply with the request of the Medical Officer of Health to make a contribution to his most comprehensive report.

With the passing of the National Assistance Act, 1948, which formed one of the group of Acts giving effect to the social security system following the Beveridge Report, certain duties and responsibilities were placed on County and County Borough Councils, to provide personal aid in defined spheres. A new welfare code was thus created with a much greater freedom of action, and the final break-up of the Poor Law was achieved and replaced by a two-fold system of financial and other forms of assistance provided as a national service on the one hand, and of accommodation, welfare and certain other services provided by the local authorities on the other.

The following report sets out roughly the functions of the Council. Under Section 21 of the National Assistance Act, 1948, it is the duty of the Council to provide residential accommodation for persons, who by reason of age, infirmity or other circumstances are in need of care and attention not otherwise available to them. This provision does not include sick persons needing hospital treatment, but comprises a wide range of elderly, infirm, disabled or sub-normal people who are unable to look after themselves in their own homes and cannot obtain from relatives, friends or others the care and attention they need.

The same section places a duty upon the Council to provide temporary accommodation for persons who are in urgent need of it under circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine. This duty is primarily intended to cover persons temporarily in need of accommodation as a result of such circumstances as fire, flood or eviction.

Herein it is not intended to deal with the whole of the work carried out in the Welfare Department, but mainly with those matters which at certain important points concern both the Health and Welfare Departments.

§ 2. OLD AGE.

It has been shown that the majority of old people prefer to remain in their own homes as long as possible and in addition to their ordinary duties it is the intention of the Welfare Committee that the Welfare staff should devote as much time as possible to the welfare of such people in their own homes and it is a part of their duty to visit the homes of the elderly **reported to them** in order to ascertain their needs and to see that they are put in touch with the agency which can best serve them, if the Welfare Committee is unable to do anything for them.

I give below a summary of the applications for Part III accommodation dealt with during the year 1952 :

Number of applications :		
(a) Cases	303	
(b) Persons	460	
These applications were dealt with as follows :		
Admitted to Part III accommodation		101
Admitted to hospital		8
Arrangements made for care by friends whilst awaiting admission to hospital		16
Family and household reconciliation arranged ...		15
Arrangements made for care by family		25
Alternative accommodation found		40
Arrangements made for medical attention		3
Arrangements made for home to be looked after during hospital treatment		2
Placed on waiting list for admission to Part III accommodation		33
Otherwise dealt with		60
		303

It will be seen that roughly only 30% of all applicants for assistance are eventually provided with Part III accommodation. An interesting point is that in quite a number of cases (15) through the intervention and advice of the department, family and household reconciliations have taken place, thus, it is hoped, preventing the break-up of many homes. Some of these cases have been married couples with a family of several children.

As previously pointed out, it is the duty of the local authority so far as staff permits, to concentrate on the welfare of the elderly in their own homes, thus obviating as far as possible, the need for admission to Part III accommodation.

It will be realised, therefore, that the Welfare staff require a thorough knowledge of current social legislation and ability to deal with outside enquiries combined with a tactful approach to those applicants whose needs cannot at present be fully met because of lack of accommodation.

Associated with this service and carried out mainly by health visitors, there is being developed, so far as staff permits, a system of home visiting of elderly sick patients with the primary object of maintaining the patient's place in the home and in the event of admission to hospital to see that he or she can return when his or her period of "hospitalisation" is over. Advice at this stage is given on health matters and this aspect of the question is one which is more appropriately dealt with by health visitors who are trained in this kind of work. Close liaison between the two departments is, however, maintained to ensure all needs are met, not only in an economical but in a manner best suited to individual requirements. Great benefit is also derived from the Home Help and Home Nursing Services which are dealt with by the Medical Officer of Health elsewhere in this report.

That there is a shortage of hospital beds for the chronic and aged sick, and a lack of accommodation for those needing care and attention rather than medicine treatment, seems clear and with regard to the development of the science of geriatrics, which is of course a purely medical matter, it is to be observed that the progress made in the rehabilitation of the aged is negatived unless suitable accommodation is available for those so treated and rehabilitated. This is more pronounced in view of the unpleasant position now common of families refusing to accept responsibility for elderly relatives when once they have been taken over by the State. There is a great deal to be accomplished to be able to make sure that all persons no longer requiring hospital nursing are either accommodated in their own home or with friends, or in Part III accommodation where they can receive the care and attention they need.

At the present time it is assumed that a person no longer requiring hospital nursing is fit for admission to Part III accommodation, when in a great many cases they still require quite an amount of nursing which cannot be obtained at home and which does not, however, necessitate the occupation of a hospital bed. It would seem that some such arrangement as a "Halfway House" between hospital and Part III is required, where such people can receive the care and attention they need including nursing. The vexed question of cost arises. To make it a national charge would, of course, simplify matters. As it is, hospital authorities hold that as such cases do not require a hospital bed they are a charge on the local authority. The local authority contend that under Section 21, it is not part of their responsibility to provide nursing staff.

It is quite clear, however, that as the geriatric service develops, the matter becomes more important and urgent, and that further Part III accommodation will be required.

Many of the larger local authorities are actually employing trained nursing staff to deal with this class of case in the chronic wards of Part III accommodation. In this respect the Poor Law Infirmary had certain advantages and one was that no sick person was ever refused admission and there was no difficulty in transferring to the infirmary part and back again, the whole Institution being under the control of the local authority, and whilst no-one would advocate a return to the Poor Law, there is much to be said for both hospital and welfare establishments being under a statutory obligation to discharge those duties for which they were created.

Whilst it is purely a medical question as to when a person is fit for discharge from hospital, it is clear that in such cases it should be someone's responsibility to see that such persons for discharge are properly cared for.

With regard to the 25 cases in which arrangements were successfully concluded for care by their family, it speaks well for the tireless and tactful work of the Welfare staff. This class of case involves a lot of time and a maximum amount of patience and I think the result is very gratifying both to the persons concerned as well as the Committee.

With regard to the 40 cases in which alternative accommodation was found, in many instances friends have been persuaded to undertake the responsibility of caring for them, much to the gratification of the latter. In other cases efforts made have been successful in obtaining alternative accommodation and must have partly relieved the problem of the Housing Committee, in addition to obviating admission to Part III accommodation.

The 60 cases shown as "otherwise dealt with" were eventually dealt with by the National Assistance Board, Labour Exchange, Ministry of Pensions, Discharged Prisoners' Association, convalescent treatment obtained, S.S.A.F.A., referred to other local authorities, Duly Authorised Officer, Justices Clerk for advice in matrimonial cases, Youth Employment Officer and other agencies.

§ 3. EAST HAVEN.

The average daily number of residents in East Haven during the year 1951-52 was 171, and the lowest and highest daily numbers were 160 and 179 respectively. The number of resident and patient days 103,177. Number of discharges 56, and the number of deaths 15. Transfers to hospital 15, transfers from hospital 9.

The corresponding figures for the hospital section of East Haven were—daily average 112, daily highest 115, daily lowest 103.

The statutory requirements provide that a standard charge (at present £3 3s. 0d. per week) is to be made for the accommodation provided and if the residents' resources permit, they are required to pay the charge in full. On the other hand, if the resident is unable to pay the full charge—and the majority of the residents are of this type—he is permitted to retain pocket money (at present 6s. 6d. per week), subject to a minimum charge of £1 1s. 0d. per week.

A number of residents assist in the running of East Haven and in such cases, part of the payment due for maintenance is waived.

The hospital section of East Haven is serviced by the Welfare Department except for medical and nursing staff and drugs, the payment by the Hospital. Management Committee for last year in respect of these services being £18,580.

Handicraft Service.

During the year arrangements were made with the Health Committee to extend the handicraft service to residents at East Haven and the services of an instructor were engaged for approximately 10 hours per week. This service is greatly appreciated by the residents.

Reconstruction of East Haven and Provision of Hostels.

Towards the end of the year the new block was opened and accommodates 23 residents and 1 staff. This block was formerly the old female hospital and the reconstruction thereof completed the scheme of alterations and improvements which were commenced before the war. The conversion of Haughton Hall is in progress and it is hoped to be completed and ready for occupation by May, 1953. This latter scheme provides accommodation for 28 residents (male and female) and resident staff.

East Haven has been considerably improved and upgraded since 1946 by the provision of a sick bay, improvements in the dining hall, including the provision of dining tables for 4, non-skid floor surfaces, handrails in corridors, provision of wardrobes, easy chairs, etc. The main kitchen has also been completely reconstructed and modernised.

These improvements have increased the facilities for the better classification of residents and for the temporary accommodation for cases of an urgent nature which is a duty of the Council under Section 21(1)(b) of the National Assistance Act, 1948.

Reception Centre.

Under the provision of Section 17 the Council provide and run a Reception Centre for destitute wayfarers on behalf of the National Assistance Board. The number of resident days last year was 6,016 ; the whole of the cost is reimbursed by the Board.

§ 4. BLIND PERSONS.

Under the scheme made in accordance with the provision of Section 29 of the National Assistance Act, 1948, the Council have the duty of making arrangements for promoting the welfare of the blind. During the year Mr. C. F. Cooke, who for many years had been Home Teacher, resigned, and Mr. Douglas Bowman was appointed in his place. Mr. Bowman was on the Committee's blind register and on the recommendation of the Welfare Committee took the long course of training under the auspices of the Ministry of Labour and the North Regional Association for the Blind, at Henshaw's Institution, Manchester, with the result that he became a fully qualified home teacher, and was subsequently appointed to succeed Mr. Cooke.

Darlington Society for the Blind.

Reference should be made to the work of the Darlington Society for the Blind, which does such valuable work in the town. The Society provides a free annual holiday at the sea for all blind persons on the Register who can go and an Annual Tea and Concert together with £1 per head is also provided. The Society also arranges for the distribution of wireless sets and for those who are unable to go on holiday a grant of £2 per head is made.

Blind Social Club.

The Blind themselves run a very good Social Club, but as is well known, the premises in use are most inadequate and unsuitable. It is a matter for regret that all efforts made by the Welfare Committee and staff to secure more and better accommodation have as yet failed, but it is hoped that success in this direction will not much longer be delayed.

Handicrafts.

By arrangement with the Health Committee, two half-days per week are set aside for the blind for instruction in handicrafts at the Occupation Centre, which the visitor and home teacher attend. The crafts taught are seagrass seating, chair caning, basket work, plastic work, leather work and knitting. This is much appreciated and an average of 11 attend these sessions.

I give below details which are compiled from the visitor's monthly reports of the number of blind persons on the register, number of visits, etc.

The number of names on the Register of Blind Persons at the commencement of the year was 110.

During the year 12 new names have been added to the Register, 8 males and 4 females.

Deaths—1 male and 3 females (all from senility).

Removals into area—1 male and 2 females.

Removals out of area—4 males and 5 females.

Decertified—1 male and 1 female (now on Partially Sighted Register).

Married—1 male, aged 83 years.

Removed into Part III accommodation, East Haven—1 male.

Already in Part III accommodation, East Haven—6 males, **NO** females.

In hospital, East Haven—1 male, 2 females.

Employed as home-workers—1 male, 1 female.

Employed elsewhere—6 males, as follows :

1 Boot Repairer,
1 Newsvendor,
1 Telephonist,
2 Mat Makers,
1 Home Teacher.

One who was employed at Aycliffe is now receiving special treatment at Grimstead Eye Hospital, and although he has had one eye removed, it is hoped that the sight of the other will eventually be restored.

Of the two persons decertified, one aged 18 years, is employed as Nursery Attendant at a Nursery School, and also attending the day classes at the Technical College, and hoping to qualify as a Children's Nurse and is very happy. The other, aged 19 years, is employed as a Packer in a Warehouse, and is giving every satisfaction.

There are two home-workers employed at basket making and machine knitting respectively, both of whom are paid an augmentation grant.

The number of visits made during the year was 1,276. Total number of names on the Register at the end of year—110.

Age Distribution of Blind Persons in Darlington.

	Under 15	15—34	35—54	55—64	65—74	Over 75	Total
Men	2	4	9	6	13	16	50
Women	2	1	7	11	18	21	60
TOTAL ...	4	5	16	17	31	37	110

Number of blind persons normally resident in Darlington (not of school age) undergoing training away from home	Nil
Number employed away from home of blind persons normally resident in Darlington ...	1 male.

Partially Sighted.

The number of names on the Register of Partially Sighted Persons at the commencement of the year was 9. During the year 5 new names have been added—1 male and 4 females.

Aged 16 to 20 years	...	1 male and 1 female employed.
Aged 50 to 64 years	...	1 male and 2 females not employed.
Aged 65 and over	...	9 females not employed.
Persons requiring observation :		
Aged 16 to 20 years	...	1 male.
Aged 50 to 64 years	...	1 male and 2 females.
Aged 65 and over	...	5 females.

The remaining 5 females are not expected to need further treatment. The number of visits was 98. The number of names on the Register at the end of December, 1952, was 14.

The numbers on this Register are likely to grow and consequently the work connected with the partially sighted will increase accordingly.

§ 5. DEAF AND DUMB PERSONS, ETC.

Whilst the Council have not yet made a scheme for promoting the welfare of the deaf and dumb under the provisions of Section 29 of the National Assistance Act, joint meetings have been held with the Durham County Council, North Riding County Council, Middlesbrough County Borough Council, Darlington County Borough Council and the Cleveland and South Durham Mission for the Deaf, which operates in this area, with the result that this Committee continues to share the services of the Mission, the cost being allocated on the basis of the number of deaf persons in each local authority's area.

The Mission run a Social Club for the deaf and dumb at 32 North Road, Darlington, which consists of one large room in which there is a full-size billiard table and at one end there is ample room for a meeting of 20 or so persons without interfering with the play on the billiard table. It is understood there is a possibility of securing another room in the same premises.

Hard of Hearing.

The Committee make an annual grant to the Darlington Lip-Readers' Club which is situate at 161 Northgate. The Club provides social activities specially adapted to the needs of the hard-of-hearing and takes special care of deafened children when they leave school.

Mrs. Shepherd, the energetic Welfare Officer of the Club, writes as follows :

During the past year the Darlington Lip-Readers' Club has continued to care for the severely deafened and hard of hearing of the town. Two hundred people were helped in various ways; many of them do not attend Club functions because of age or illness but they are kept in touch and visited by the Club's Welfare Officer.

The Youth Section had a good year thanks to the work of Mr. P. H. Sefton who has aroused interest in Mime and Folk Dancing.

In many ways we are sorry to state that we are leaving our Northgate premises. We are doing this mainly because older members cannot climb the long stairs to our club rooms, and as we must cater for everyone we have therefore decided to move to Barnard School Hall. The move is, too, an economical one ; Northgate called for much hard work to raise money to maintain it. But until we are recognised as an essential part of the Welfare Service we cannot hope to do our job as efficiently as we should wish.

§ 6. GENERAL.

Meals on Wheels.

The Committee also makes a grant to the W.V.S. who run a "Meals on Wheels" service in conjunction with the Civic Restaurant. This is a most valuable service and is most appreciated by those concerned. The number of meals served in this way was 2,853.

Mental Cases.

The Welfare Committee have a statutory duty under Section 48 of the National Assistance Act, 1948, to look after the property of any person removed to any hospital or Part III accommodation. Three such cases arose during the year.

Whilst there is no statutory duty on the part of the Committee to look after the estates of persons of unsound mind, the Council, at the request of the Court of Protection, agreed that the Chief Welfare Officer should accept this responsibility in cases in which there was no other suitable or acceptable relative or friend, and he has accordingly been appointed by the Court of Protection in such cases. At the present time he is Receiver in 15 cases.

This is a very onerous but necessary duty and whilst the Council have no financial interest in these estates, unless there was chargeability prior to 4th July, 1948, the Board of Control evidently consider this is a moral duty devolving upon the local authority as the Welfare Authority. In this matter the Chief Welfare Officer works in the closest co-operation with the Medical Officer of Health and the Duly Authorised Officer, and in all necessary cases an Order of Appointment as Receiver is made by the Court of Protection, which lays down the duties which shall be carried out by the Receiver.

Burials.

Section 50 of the National Assistance Act provides that where no other person has made or is making suitable arrangement for the burial of persons who die in their area, the local authority must make the necessary arrangements.

There were 3 such cases during the year. These cases also involve, where there are no relatives, the question of the taking of inventories of furniture and effects, the removal and disposal thereof, and the claiming of repayment.

Conclusion.

I would like to stress the probability of an increasing demand for Part III accommodation. The waiting list continues to grow and at the present time is greater than before the opening of the extension at East Haven in December.

In the Beveridge Report is it estimated that the number of old people (men over 65 and women over 60) will have risen from 5,571,000 in 1941 to 9,576,000 in 1971 ; in other words they will increase roughly from 1 in 9 to 1 in 5 of the population. These figures are arresting and their implications cannot be ignored.

As previously stated and for various reasons, there is a tendency to rely more and more upon the State, and coupled with the fact that an increase in the number of chronic sick, who, through the science of geriatrics, will be rehabilitated and capable of being accommodated in Part III, it follows that an extension of the Welfare Committee's Part III accommodation will be inevitable.

Finally I have to thank the whole of the Welfare staff for their loyal and enthusiastic co-operation and I also wish to pay a tribute to the Medical Officer of Health, from whom I have always received the greatest assistance and co-operation.

PART VI.

Children Act, 1948

Your Medical Officer of Health continued to act as medical adviser to the Children's Committee, and the medical staff of the Health Department inspected children taken into care in Darlington. This and other spheres of co-operation between the two departments have seemed to justify the inclusion once more of a report on the work of the Children's Officer in this Annual Report and I am much indebted to her for the following statistics and commentary.

During the past year Hollymount Nursery has been opened at West Hartlepool. This nursery is shared jointly by West Hartlepool, Durham County and Darlington, each authority having ten places. Since the nursery opened, Darlington has had seventeen children there and the ten places have been filled continuously. The overflow has had to be accommodated in East Haven Nursery.

Hollymount takes children up to the age of five whereas I am not allowed to place children over the age of three in East Haven Nursery without permission of the Secretary of State. All girls taken into care and not boarded out have to be sent to homes in other areas or placed in East Haven Nursery as we have not yet a home for girls in Darlington although one is to be built here shortly.

Park View Boys' Home has been over full on several occasions and it is difficult to find suitable foster homes for the older boys. There is still a great need for foster parents for both boys and girls in the care of this authority.

Many of the children admitted and discharged during the year have been short-stay cases taken into care while their mothers have been in hospital.

East Haven Nursery and

Hollymount Nursery, West Hartlepool.

	Boys	Girls
No on Register on 1-1-52	3	3
Additions	11	21
Discharges	7	11
No. on Register on 31-12-52	7	13

The children discharged were placed as follows:

Returned to parents or guardians	6	11
To hospital	1	—
Transferred to Blakelock Home	—	—

Park View Boys' Home.

	Boys	Girls
No. on Register on 1-1-52	17	—
Additions	32	—
Discharges	20	—
No. on Register on 31-12-52	19	-
The children discharged were placed as follows :		
Returned to parents or guardians	15	—
To sanatorium	1	—
To Hollymount Nursery	1	—

Blakelock Girls' Home, West Hartlepool.

No. on Register on 1-1-52	—	1
Additions		—
Discharges	—	—
No. on Register on 31-12-52	—	1
The children discharged were placed as follows :		
Returned to parents or guardians	—	—
Boarded out	—	—

Voluntary Homes in Other Areas.

No. on Register on 1-1-52	1	5
Additions	—	2
Discharges	—	5
No. on Register on 31-12-52	1	2

Voluntary Homes in Darlington.

No. on Register on 1-1-52	1	1
Additions	—	2
Discharges	1	1
No. on Register on 31-12-52	—	2

East Haven, Part III.

No. on Register on 1-1-52	—	—
Additions	1	1
Discharges	—	—
No. on Register on 31-12-52	1	1

Boarded Out Children.

Darlington Children in Darlington.

No. on Register on 1-1-52	15	12
Additions	3	7
Discharges	2	3
No. on Register on 31-12-52	16	16

The children discharged were placed as follows :

	Boys	Girls
Returned to parents or guardians	1	2
Returned to Home	1	—
Adopted	—	—
Attained 18 years	—	—
Approved School	—	1

Darlington Children outside Darlington.

No. on Register on 1-1-52	3	9
Additions	—	—
Discharges	1	1
No. on Register on 31-12-52	2	8

The children discharged were placed as follows :

Returned to Cottage Homes, South Shields	1	1
Adopted	—	—

Children from other Areas in Darlington.

No. on Register on 1-1-52	—	5
Additions	—	3
Discharges	—	2
No. on Register on 31-12-52	—	6

The children discharged were placed as follows :

Returned to parents or guardians	—	2
Returned to Home		—
Adopted	—	—
Attained 18 years	—	—

Approved Schools.

No. on Register on 1-1-52	21	3
Admitted	13	1
Licensed	3	—
No. on Register on 31-12-52	31	4

Remand Homes.

17 boys and 5 girls were placed in Remand Homes.

Adoptions.

19 boys and 17 girls were adopted.

PART VII.

Growing Points

§ 1. HEALTH EDUCATION.

In the Survey of the Health Services made at the behest of the Minister in accordance with Circular 29/52, a detailed account was given of the development of the scheme of health education during the last four years. It is not proposed to reproduce this in the Annual Report since previous Reports have described the development of the scheme in earlier years and during 1952 no outstanding developments took place, but the general scheme maintained its earlier pattern. Weekly bulletin letters were sent to all practitioners and bulletins on matters of health interest were issued to groups and associations of various kinds. Lectures were also given as set out in the Table below. In one respect a retrogression has to be recorded, since for the time being the scheme for training housewives in home nursing had 'dried up.' In the first six months of 1952, one further course was given to 26 women, so that the total of courses given was 14 and 311 women had attended not less than four out of the six classes in the course. One reason for the discontinuation of the project was shortage of staff of health visitors. Not all offered themselves as instructresses, which was in any case 'a labour of love' undertaken after office hours, and with the depleted staff following the resignation of Miss Owen and Miss Peacock it was quite impossible to expect any of them to accept this extra. An even more fundamental reason was the failure of spontaneous response from the public. So long as the groups on the bulletin mailing list received a continuous barrage of exhortation to take part, a flow of volunteers was maintained, though not by any means from all the organisations concerned. The essence of success was, however, that the scheme should seem sufficiently valuable to its intended beneficiaries to lead them to ask and to go on asking for further courses. Nothing of this sort in fact has happened, and while the idea seems too good to abandon altogether, it is proposed to keep it in cold storage for the time being.

TALKS AND LECTURES.

Date.	Association.	Subject.	Speaker.
Jan. 8	Yarm Road Townswomen's Guild	Cancer...	Dr. Walker
Jan. 14	Reid Street Secondary Girls' Parent-Teachers Association ...	Health in later Childhood ...	Dr. Walker
Mar. 6	Standing Conference of Women's Organisations	Cancer...	Dr. Walker
Mar. 18	Blackwell Women's Institute ...	Health in Middle Age ...	Dr. Walker
Mar. 19	Technical School Parent-Teachers Association	Problems of Preventive Medicine...	Dr. Walker
May 1	North Road Girls' Secondary Modern Parent-Teachers Assn.	Housing and Health ...	Dr. Walker
May 6	Victoria Rd., Townswomen's Guild	Cancer	Dr. Walker
May 7	Darlington Training College ...	Atmospheric Pollution ...	F. Ward
May 20	Darlington Women's Co-op. Guild	How to use the Health Service	Dr. Walker
May 29	Greenbank Women's Guild ...	Care and Training of Backward Children...	C. W. Price
June 18	Toc H. (Pierremont Branch) ...	Children who will never Grow Up	C. W. Price
Sept. 18	Holy Family Catholic Women's League	Cancer	Dr. Walker
Sept. 29	Training College Students ...	Edueating the Ineducable ...	C. W. Price
Oct. 7	Darlington Women's Co-op. Guild	Cancer	Dr. Walker
Oct. 20	Toc H. Women's Association ...	Children who will never Grow Up	C. W. Price
Oct. 22	Alderman Leach, Parent-Teachers Association	Brains Trust	Dr. Walker
Nov. 3	East Road Methodist Guild ...	The Meaning of Health ...	Dr. Walker
Nov. 17	Open Air School, Parent-Teachers Association	The Health of the Delicate Child	Dr. Walker
Nov. 19	Cockerton Women's Co-op. Guild	Cancer	Dr. Walker
Nov. 27	St. George's Church Women's Guild	The Meaning of Health ...	Dr. Walker
Dec. 29	Boy Scouts Association	Infectious Disease—Means of Spread and Control ...	F. Ward

Bulletins.

No. 16	Jan.	3	Winter Epidemics.
No. 17	June	9	Diphtheria Immunisation and Cancer Precautions.
No. 18	Aug.	11	Poliomyelitis.
No. 19	Sept.	19	Accidents.
No. 20	Oct.	20	Winter Epidemics.

§ 2. HOUSING PROBLEMS.

Your Medical Officer of Health spends perhaps ten minutes four times a year in representing unusually difficult cases to the Housing Committee for special consideration on the grounds of medical priority. Though the time spent in Committee is so small, he regards the work represented there as among his most important duties, just as it takes up an appreciable part of his time, and of that of the Chief Sanitary Inspector.

Although the housing programme is steadily extending, the demands to the Health Department for enquiry because of allegedly adverse circumstances show no sign of abatement, and in 1952 special investigations were undertaken at 114 addresses, a larger figure than last year (89). This may be because of known occasions when rehousing speedily followed a visit by the M.O.H. and C.S.I., and a larger proportion of trivial cases was reported than in past years.

as is shown in the following Table by the higher percentage awarded one mark only. The scheme of marking each family situation between 0 and 5 in accordance with the general impression at investigation remained as described in the Report for 1951. The findings of the year, and a comparison with the past, are summarised as follows :

TABLE XXIII.

Housing Analysis.

	Actual numbers 1952	As percentage of total			
		1952	1951	1950	1949
Ungraded and 0 marks	10	9	11	14	23
1 mark	33	29	19	23	16
2 marks	37	32	34	26	27
3 marks	28	25	25	26	17
4 and 5 marks	6	5	11	11	15
High medical priority	17	15	12	6	12
Lower medical priority	41	36	42	46	41
Overcrowded	53	46	58	59	52
House defective	47	41	35	26	33
Environment defective	8	7	3	6	5
Psychological factor	34	30	30	28	10
Unsatisfactory family	3	3	3	3	2
Recommended for priority ...	20	18	34	34	29
Total households investigated	114		89	125	84

A certain number of visits were paid to families already visited in previous years. They are included in the figures given in the Table for 1952.

Cases visited in 1952, either for first time or subsequently, and rehoused same year ...	25
Cases visited in 1951, and not more recently, rehoused in 1952	21
Cases visited in 1950, and not more recently, rehoused in 1952	17
Cases visited in 1949, and not more recently, rehoused in 1952	6

At the end of 1952 only one case remained unhoused from each of the years 1950 and 1951 on whose behalf a recommendation had been made to the Housing Committee. From 1949 and earlier years no outstanding cases remained, those not rehoused under the Council's scheme having solved or transferred their problem by other means.

Total number of cases personally visited by M.O.H. since 1st September, 1948	449
Total number of these rehoused	173
Number of them rehoused in 1952	63

A note may be appreciated about the meaning of the various grounds of assessment. High medical priority means presence of a factor dangerous to the health of individual or family that was likely to be improved or removed by rehousing. The new cases so classified in 1952 were contact with infectious pulmonary tuberculosis (4), psychiatric conditions (2), chronic nervous disease affecting personality (1), arthritis deformans (2), spinal disease (1), chronic peptic ulcer (1) and cancer (1).

Lower medical priority means presence of a factor complicating an adverse situation, but not by itself enough to attract priority nor necessarily likely to be relieved by rehousing. Among such disorders were asthma and bronchitis, non-infectious tuberculous conditions, lameness due to bony injury, psychoneurosis, heart disease, toxic goitre and epilepsy.

Overcrowding was not defined as according to the Housing Act of 1936, which set too low a standard. It was taken as existing where living accommodation was well below what are today regarded as the least requirements for satisfactory family life. Thus one room for eating and sleeping with or without access to kitchen facilities was accepted as overcrowding, as was the long continued unavoidable sharing of a bedroom by both parents and children.

All houses were classified in four grades, "A," "B," "C," and "D." Those of "D" class were approaching or had reached unfitness for human habitation but did not automatically become "House defective" on that account alone. For this assessment some real factor adverse to the health of the inhabitants had to be present.

Defective environment includes a small group of families where some factor exists, such as excessive atmospheric pollution, deterioration of neighbourhood or distressing noise, which, in the particular circumstances of each case, has a prejudicial effect upon health.

The psychological factor refers to strain arising from the situation of sufficient degree to cause continuous worry or appreciable deterioration of personality, but not associated with physical symptoms. Much care is taken in making an assessment under this head as it is recognised that every housing problem is associated with some strain.

An unsatisfactory family exhibits social habits such as to make reasonably good housekeeping improbable in any circumstance.

Rehousing.—Continuing the scheme of visits to rehoused families in their new environment, as begun in 1950 and carried on in 1951, 26 calls were made in 1952 upon families originally investigated in earlier years and rehoused in 1950. Findings were as follows :

Family Health :

Good	20
Satisfactory	4
Doubtful improvement	2
Worse since move	—

Contentment :

No complaints	17
A few complaints but in general satisfied	7
Quite considerable complaints ...	2
Dissatisfied	—

Causes of complaints :

High rent	5
Inaccessibility	4
Noise (mostly in flats)	4
Other complaints	—

Housekeeping :

Evidently house-proud	10
Adequate	12
Fair	4
Neglectful	—

Garden :

Careful gardening	13
Kept tidy	8
Neglected	5

Nearly all the visits were made at addresses in the North Haughton estate, and in general a very favourable impression was formed of the standards achieved there.

The rehousing visits made in previous years were reclassified in the form given above, which differs slightly in respect of "health" from that printed in the Annual Report for 1951. A comprehensive analysis is promised when sufficient observations are to hand.

§ 3. GERIATRICS.

It is impossible in present circumstances to give a comprehensive account of all Corporation services under this heading in one section of the Report. In the contribution kindly provided by the Chief Welfare Officer (page 57) will be found some observations on the work of the Welfare Department in connection with the care of the old. Voluntary agencies, notably the Darlington Aged People's Welfare Council, over whose activities the local authority has no control, but in which it is necessarily interested, play an important part by the provision of clubs and otherwise, and the line of development would seem to be towards an ever closer integration between all concerned with the outstanding aim of maintaining older citizens in health and happiness in homes of their own for as long as possible.

An aspect of the general problem which has shown development during 1952 is the work carried out by the Senior Health Visitor in assessing urgency of need for admission of chronic sick patients to hospital. Though the emphasis here is on nature of illness, and not on old age as such. the majority of the patients are representatives of the class most difficult of all to help, the aged and infirm. The work carried out by Miss Winch in this connection may be summarised as follows :

Total cases investigated	108

Diagnoses for investigation :

Senility	28
Diseases of blood vessels (including cerebral vascular accidents) ...	27
Myocardial degeneration	12
Chronic diseases of lungs	8
Arthritis deformans and 'rheumatic' conditions	8
Cancer, all sites	7
Diabetes with complications ...	5
Chronic nervous disorders	3
Other conditions	10

The following Table shows the age and sex distribution of 104 of these patients. In four cases the information was inadequate to extract the details.

TABLE XXIV.

Age and Sex Distribution.

	Under 60		60–70		70–80		80+	
	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
Men (37 patients) ...	5	13.5	9	24.3	14	37.9	9	24.3
Women (67 patients)	1	1.5	10	14.9	31	46.3	25	37.3
Total persons (104 patients) ...	6	5.8	19	18.2	45	43.3	34	32.7

Another analysis of some interest was made in respect of the social background of patients as indicated by their place of residence. This showed as follows :

Living in very superior circumstances	3
Living in superior circumstances	17
Living in average housing conditions	59
Living in below average housing conditions ...	29

In respect of need for admission to hospital, the following analysis was made :

Inadequate home care without clear need for skilled nursing	28
Inadequate home care with need for skilled nursing	21
Home care ordinarily sufficient, but extra nursing required as a result of patient's illness ...	24
Admission primarily for medical reasons	13
Did not require admission to hospital	12
Died before could be admitted	10

It is obvious that no conclusions can be drawn from a year's work in a rather special branch of geriatrics and this Report is included as much as evidence of co-operation between the Health Department and the Darlington hospitals as because it has any immediately significant sociological angle. That such an enquiry should be necessary, however, forcibly illustrates the point made in the introductory letter of the need either for more beds for chronic sick and infirm in hospitals, or for more adequate home services including not only satisfactory houses but a sense of responsibility within every family for its older members.

PART VIII.

Miscellaneous

§ 1. METEOROLOGY AND ATMOSPHERIC POLLUTION.

The year 1952 was remarkable for its wet and cold late summer. Apart from this it had no special features for remark and Table XXV shows the monthly details of observations.

Under this heading is also included the newly obtained details of atmospheric pollution and wind direction. These have been submitted by your Chief Sanitary Inspector and were originally intended as part of his Report. They seem, however, to belong more appropriately to this section.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1952.

TABLE XXV.

Taken Daily at the South Park.

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January ...	30.35	28.50	52	16	1.68	.42	30	15
February	30.43	28.50	55	22	.51	.22	13	6
March ...	30.10	29.15	58	24	1.22	.27	4	14
April ...	30.25	28.85	72	28	1.75	.74	21	11
May ...	30.50	29.30	79	32	1.13	.63	31	7
June ...	30.20	29.30	82	38	.83	.43	21	8
July ...	30.50	29.55	82	41	.83	.24	1	8
August ...	30.10	29.40	75	43	2.15	.61	7	13
September	30.45	28.75	67	31	3.43	1.34	28	20
October ...	30.05	28.95	57	29	2.42	.74	27	15
November	31.50	29.20	56	19	2.28	.46	2	17
December	30.40	28.35	49	20	1.68	.31	18	17
Totals ...	—	—	—	—	19.91	—	—	151
Averages	—	—	—	—	1.66	—	—	13

Atmospheric Pollution.

The Tees-side Smoke Abatement Committee and the Technical Sub-Committee of Sanitary Inspectors have met at frequent intervals throughout the year and the good attendance and lively discussions at these meetings indicate the enthusiasm with which the problem of atmospheric pollution is being tackled.

The majority of constituent authorities have now erected standard deposit gauges in an effort to give a general picture of the grit and soot deposits in the area.

After due consideration was given to the question of wind direction and the siting of industry, three deposit gauges were erected in the Borough at the following sites :

Harrowgate Hill.
Albert Hill.
West Cemetery (clean site).

The problems in Darlington bear no comparison with those prevailing in the heavy industrial area on Tees-side and this is confirmed by comparison of deposit gauge analysis. Problems do, however, exist in the Borough and discussions have taken place with the various owners of offending stacks in an effort to overcome the smoke nuisance. In some cases it is very difficult to overcome the smoke problem, but every effort is being made to achieve some improvement.

Many improved smokeless fuel appliances have been installed in private dwellings including Council houses ; greater efficiency will be achieved when coke is more easily obtainable and cheaper to buy.

The deposit gauges when installed give an overall picture of the deposit in the Borough and during the year the average in Darlington was 10.2 tons per square mile, compared with 24.52 tons per square mile for the Tees-side area.

Results of total deposit from deposit gauges in tons per square mile are as follows :

TABLE XXVI.

Month	West Cemetery	Harrowgate Hill	Albert Hill	Average
January	4.76	8.07	15.27	9.37
February ...	2.22	5.11	11.24	6.19
March	9.81	10.45	16.60	12.29
April	8.00	11.76	17.13	12.29
May	4.34	5.15	14.56	8.01
June	6.81	9.35	21.92	12.69
July	7.53	6.67	20.39	11.53
August	5.83	7.17	10.60	7.86
September ...	8.16	8.72	19.20	12.03
October	5.41	6.77	14.75	8.98
November ...	4.74	7.29	14.13	8.72
December ...	4.27	10.32	16.10	10.02
Monthly Average	6.02	8.07	16.00	10.02

Wind Records for the Year (Darlington Area).

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
Average %	9.9	8.8	3.2	2.3	20.2	18.0	16.5	11.8	9.3

§ 2. LABORATORY SERVICE.

The Public Health Laboratory at Northallerton undertook the bacteriological examination of the various items submitted by the Health Department and Drs. D. J. H. Payne and P. N. Coleman always took the greatest personal interest in the problems confronting the Health Department wherein their assistance was requested. Dr. Payne has always expressed a desire to be kept in the picture wherever social and clinical circumstances make the investigation more than of routine interest and his willingness with helpful suggestions has been greatly appreciated.

Mr. C. J. H. Stock continued to act as Public Analyst and to carry out chemical examinations. With his laboratory the closest harmony and co-operation also existed.

§ 3. MEDICAL EXAMINATIONS.

The following Table shows the work carried out under this heading. It is to be remarked that this work, which makes no contribution towards the general health of the community and is carried out simply to oblige another Department of the Corporation, occupies a good deal of the time of the Assistant Medical Officers.

TABLE XXVII.

MEDICAL EXAMINATIONS OF CORPORATION STAFF.

DEPARTMENT	Sup'ation		Sick Pay		Periodicals etc.		Total		Grand Total
	Male	F'male	Male	F'male	Male	F'male	Male	F'male	
Architect's	2	2	...	...	...	...	2	2	4
Civil Defence...	...	2	...	2	...	...	...	4	4
Education	20	46	...	27	15	6	35	79	114
Fire	...	3	...	...	3	...	3	3	6
Health	...	9	1	...	...	...	1	9	10
Library and Museum ...	...	2	...	...	1	4	1	6	7
Markets	3	...	1	...	1	...	5	...	5
Parks, Cemeteries and Baths	1	1	17	1	...	...	18	2	20
Queen's Nurses	...	3	...	...	...	...	...	3	3
Surveyor's (incl. Water) ...	35	...	63	1	13	...	111	1	112
Town Clerk's	1	2	...	...	...	2	1	4	5
Treasurer's	4	5	...	...	...	...	4	5	9
Transport	16	7	4	2	29	1	49	10	59
Weights & Measures ...	...	...	...	...	...	...	...	...	...
Welfare (incl. British Restaurant and Municipal Hos.)	3	11	1	...	...	...	4	11	15
Totals ...	85	93	87	33	62	13	234	139	373

§ 4. WATER SUPPLY AND SEWAGE DISPOSAL.

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., A.M.I.C.E., A.R.I.C.S., to whom I am indebted :

"**Water Supply.**—The supply is pumped from the River Tees, is treated with alumina ferric and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with chlorine and ammonia. To counteract the possibility of plumbo solvency, lime is added before the water leaves the works.

During the year bacteriological examinations of the raw, filtered and chlorinated water were made on 52 occasions and on tap water from different areas of the town on 55 occasions.

Details of the total annual water consumption since 1944 are given below. During the year ending 31st December, 1952, a bulk supply of 266,822,000 gallons of treated water has been delivered into the mains of the Tees Valley Water Board. The water consumption excluding the amount supplied to the Tees Valley Water Board increased during the year by 112,484,600 gallons and this was due to an increase in consumption by both industrial and domestic users.

Year ending 31st March	Gallons pumped
1944	1,863,230,000
1945	1,861,210,000
1946	1,899,850,000
1947	1,877,610,000
1948	1,950,890,000
1949	1,886,860,000
1950	1,846,280,000
1951	1,907,480,000
1st April, 1951, to 31st December, 1951	1,604,640,000
Year ending 31st December, 1952 ...	2,212,990,000

So far as the quantity of water is concerned, that there are ample supplies available in the River Tees, is shown by the following records taken when the River was flowing at its lowest recorded level in June, 1949.

	Gallons per day.
Water pumped by Tees Valley Water Board ...	7,800,000
Water pumped by Darlington Corporation ...	5,100,000
Flowing over Weir	12,100,000
	25,000,000

The water is pumped direct to the town to a covered service reservoir at Harrowgate Hill. The capacity of this reservoir is seven million gallons.

In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

The approximate total number of dwelling houses within the Borough is 24,533. The whole of these are supplied by water mains direct into the houses except 38 which are served by stand pipes; i.e., out of a total population of 84,000, 130 are served by stand pipes.

Rivers and Streams.—The slow running River Skerne enters the town at its East boundary at Haughton-le-Skerne, from whence it flows West and then South. It is crossed by 12 road bridges and is the natural channel for floodwater in the case of heavy rain.

Under the River Boards Act, 1948, the Wear and Tees River Board assumed responsibility in October, 1950, for the functions previously carried out by the Corporation on the River Skerne.

Work on a scheme of River Improvement is now in progress on the River Skerne from its junction with the River Tees to the South Park Lake.

Sewage and Sewage Disposal—The policy of the Council to introduce storm water relief sewers and the partially separate system of drainage continues and work on the new Pierremont Surface Water Sewer has been practically completed.

The whole of the sewage is treated at the Stressholme Sewage Works where one-third of the flow is treated by broad irrigation on the Stressholme Farm. The remaining two-thirds of the total flow is dealt with by the main Sewage Purification Works completed in 1942, which consists of detritus and sedimentation tanks, percolating filters, humus and storm water tanks. A scheme has been carried out during the year for the disposal of liquid sludge on adjacent farmlands to supplement the methods already in use.

The effluent produced at the Sewage Works is not so good as it was in quality owing to the increased quantity of sewage now being treated and to the increase in strength of the sewage resulting from the admission of various trade effluents into the sewers.

The Council has tried, wherever possible, to secure preliminary treatment of trade waste in various works in the town before it is discharged into the sewers and thus relieve the load on the purification works. In several instances Agreements under the Public Health (Drainage of Trade Premises) Act, 1937, have been made between the Council and industrial undertakings in the town.

Disposal of the Dead.—Three Cemeteries with a total area of 100 acres situated in different parts of the town provide adequate facilities for burial. These Cemeteries are properly planned and well kept. The crematorium at the West Cemetery is equipped with the latest type of Gas Furnace and is used increasingly each year. It is owned and operated by the Darlington Cremation Society."

§ 5. SWIMMING BATHS.

The Superintendent of the Public Baths has kindly submitted the following report.

The Darlington Public Baths Department, Gladstone Street, comprises two swimming pools :

The Gladstone Bath, 100ft. x 40ft. (3½ft. to 7½ft. depth), with a capacity of 140,000 galls., with 78 dressing cubicles and 72 lockers. Pool fittings include graduated 3 metre diving stage, 1 metre spring-board, and water chute. This pool was extensively patronised during the year ending 31st March, 1953, 77,945 persons being admitted.

The Kendrew Bath, 100ft. x 48ft. (2½ft. to 5¾ft. depth), capacity 100,000 galls., with 78 dressing cubicles, and fitted with 2½ metre graduated diving stage. This pool is largely used by the Education Committee for the teaching of swimming to schools ; total admissions for the year 1952-53 being 123,586.

The water of both pools is continuously circulated through a battery of pressure filters, treated with the "Breakpoint" technique of water sterilisation resulting in an absolute sterile water comparable to drinking of a deep crystal clear blue colour. The water is then re-heated to 75°F. before returning to the pools.

Samples of water are submitted each week to the County Analyst for a bacteriological examination and in no case during the year was an adverse report made.

For the winter period, October to March, the Gladstone Bath closes its swimming activities and an oak dance floor is laid converting it into a hall for general social activities. Dancing is limited to 900 persons, and 1,600 seats can be provided for concerts, etc.

There are Ladies' and Gents' Hot Bath Suites. 14 baths in all, and 17,454 persons used these in 1952-53, giving an overall total of 218,985 persons enjoying one or other of the department's bathing facilities.

PART IX.

Sanitary Circumstances

(REPORT OF THE CHIEF SANITARY INSPECTOR).

§ 1. INTRODUCTORY LETTER AND ANALYSIS OF INSPECTIONS.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration my 5th Annual Report of the work carried out by the Sanitary Section of the Health Department during the year 1952.

Statistics are given along with descriptive notes from which it will be seen that again steady progress has been maintained in every field of our activities.

It is very pleasing to report the closure of two living van sites which have, for many years, been occupied by persons of the hawker type, and causing considerable embarrassment to the Department.

The prevailing high cost of property maintenance continues to present the problem of financial hardship to some owners of property let at low rentals when having to comply with requirements of notices served for repairs. I refer particularly to that type of property which is beyond repair, the owners of which would welcome demolition. Although I appreciate the housing shortage, I feel that some consideration should now be given to an annual allocation of Council Houses, and thus enable this Department to re-commence its slum clearance programme.

The supervision of all types of food shops with regard to Food Hygiene continues to be a major activity. The public are now becoming Food Hygiene conscious and this is confirmed by the request from many associations for your Chief Sanitary Inspector to give talks and lectures on the work of the Department.

In conclusion I wish to pay grateful tribute to the members of the Health Committee, and the Medical Officer of Health for their cordial support and to my Inspectors for their loyal and enthusiastic co-operation.

I have the honour to be,

Your obedient servant,

F. WARD.

Chief Sanitary Inspector and Inspector of Meat and Other Foods.

ANALYSIS OF INSPECTIONS.

Housing Conditions.

Housing Inspection	1,161
Tenements	8
Re-inspections	2,506
Dirty and Verminous Premises	81
Overcrowding and re-housing investigations	356
Living Vans	540
Common Lodging Houses	55
Inspections re nuisances (other than dwellings)	398
Interviews with owners, builders, etc.	2,184
Total	7,289

Food Inspections.

Abattoir	765
Markets	150
Merchandise Marks Act	76
Registered Food Premises	255
Food Shops (General Dealers), etc.	453
Unsound Food	428
Restaurant Kitchens	96
Canteens	97
Snack Bars	34
Bakehouses	196
Fish Friers	165
Ice Cream Manufacturers	122
Ice Cream Vendors	358
Dairies and Milk Shops	335
Licensed Premises	187
Samplings	514
Total	4,231

Sundry Inspections.

Drain Testing	23
Rat Infestation	2,189
Infectious Diseases and Contacts	269
Factories, Out-workers and Workplaces	492
Pharmacy and Poisons Act	169
Stables and Piggeries	124
Offensive Trades	80
Smoke Abatement	107
Miscellaneous Inspections	60
Ineffective Visits	811
Places of Entertainment	13
Disinfections and Disinfestations	739
Pet Animals	26
Total	5,102

Total Inspections.

Housing Conditions	7,289
Food	4,231
Sundry	5,102
Total ...	16,622

Nuisances.

During the year 974 complaints were received and investigated by the Sanitary Inspectors. In the majority of cases, the complaints referred to housing conditions and disrepair of property.

§ 2. LIVING ACCOMMODATION.

Inspection of Dwelling Houses.

1.	(a) Dwelling houses inspected for housing defects (under Public Health or Housing Acts) ...	1,169
	(b) Inspections made for this purpose	3,675
2.	Dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated Regulations) 1925 ...	63

Proceedings under the Public Health Acts.

1.	Informal Notices served requiring defects to be remedied or nuisances abated	507
2.	Formal Notices served	141
3.	Premises where defects have been remedied or nuisances abated :—	
	(a) as a result of informal action	411
	(b) after service of Formal Notice	166
4.	Defects remedied or nuisances abated	1,788

Public Health Act, 1936 (Sections 268-269).

There are at the present time nine sites in the Borough on which 31 living vans are stationed. All the sites are kept under strict observation by this Department, the majority being situated on the outskirts of the town. During the year it was decided to revoke the licences in two cases, where the owner had persistently failed to comply with his agreement. These sites had been occupied by persons of the hawker type for a number of years and had been the subject of frequent complaints from residents in the area.

Housing and Slum Clearance.

The immense problem of satisfying the demand for houses is gradually resolving itself by the rate of progress of the building programme, and we are now reaching a stage where a definite policy should be followed to deal with unfit houses.

In 1949 your Chief Sanitary Inspector estimated that some 750 houses could be regarded as ripe or near ripe for clearance, 433 of which were placed in the lowest category including many which were scheduled in 1935 for clearance area procedure.

Re-housing of families from, and the subsequent sale or re-letting of sub-standard houses may result ultimately in several new houses having been required for the sake of retaining one unfit house, and when one considers the limited proposals for clearance which have been suggested, some of the 750 houses mentioned may still remain 20 years hence. By that time it is estimated that over 2,000 additional houses will have deteriorated to a state of unfitness.

An annual allocation of new houses to make possible the clearance of the 433 houses within the next 10 years does not appear unreasonable in view of the progress presented above.

Disinfestation.

The use by this Department of modern insecticides with their residual and quick knock-down effects ensures an efficient service to the public.

It is regarded as essential that the furniture, etc., of all families re-housed into Council Houses should be sprayed against the possibility of vermin being introduced into these houses and this is carried out as a routine measure.

All school canteens are sprayed as a preventive against fly infestation. In premises other than those controlled by the Council where infestations have been found, the occupiers have invariably been extremely willing to avail themselves of the service provided by this Department. These infestations have included cockroaches, bugs, fleas, steam beetles, flies, moths and ants.

In all, 654 premises have been sprayed with an insecticide which in every case proved quite successful.

§ 3. HYGIENE IN FOOD PREMISES.

The efforts of the Department in the years since the inauguration of the clean food campaign have brought us to a stage where all food premises, with exception of a small minority, comply with the legal requirements so far as structural conditions and equipment are con-

cerned. The keenness of the District Sanitary Inspectors and the co-operation of the tradespeople is worthy of tribute, as this position has been reached without recourse to the establishment of a Clean Food Guild, or to the promotion of a special clean food exhibition. Whilst we have every reason to feel satisfied with such a state of affairs, we cannot yet afford to relax our efforts, and our duty today is to ensure that improved conditions and equipment are used to their fullest advantage.

In this field of our work, direct contact is established with employees behind the scenes, in canteens, restaurants, food shops, etc., and no opportunity is lost in stressing the need for personal cleanliness, and the importance of caution in the handling and use of certain prepared foods and left over dishes.

Catering Hygiene.

During the year laboratory tests were made to study the efficacy of the different methods of dish washing in various canteen establishments in the Borough.

Samples were collected under practical working conditions in establishments where the single sink method was in operation and also where washing sinks and sterilising tanks were used.

The comparative values of soap powder, liquid detergents and detergent powders combining a sterilising agent were assessed, when used in each of the above methods, and the following conclusions were reached :—

1. There was no appreciable difference bacteriologically in the effects of the various detergents used, although in each case they were better than those produced by soap, and greatly facilitated the removal of grease and dirt.

2. The highest standard was attained in the twin sink unit, one of the two sinks containing a rinse of near boiling water.

3. The use of contaminated drying cloths nullified to a certain extent the benefits obtained by improved washing technique, and the air drying of crockery was therefore advocated.

4. Experience has shown that where air drying of crockery is practised, liquid detergent is preferable to powder because of the tendency of the latter to leave a smear.

5. Certain detergents appeared to be less harsh on the hands than others. Detergents should be used in the correct dilution, and operatives should take the precaution of rinsing their hands in plain water before drying them.

§ 4. PRODUCTION AND DISTRIBUTION OF MILK.

The total number of persons/premises on the Register is as follows :

Dairies	Other than Dairy Farms	9
Distributors	(a) Bottled milk only (as received)	112
	(b) Producer/retailer (inside Borough)	2
	(c) Residing outside, but retailing inside the Borough	6

Milk (Special Designations) (Raw Milk) Regulations, 1949.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

The number of persons dealing in designated milk subject to the above Regulations are shown below.

	Grade of Milk.				
	Pasteurised	Past. T.T.	Tuberculin Tested	Sterilised	Accredited
Pasteuriser/Bottler/ Retailer	2	2	—	—	—
Bottler/Retailer ...	1	—	6	—	1
Dealer	22	14	4	92	—
Supplementary/Dealer/ Retailer ...	1	1	2	—	—

The approximate daily quantity of milk sold in the Borough is 6,915 gallons, comprising :—

Tuberculin Tested	13.05%
T.T. Pasteurised	8.70%
Pasteurised	73.50%
Sterilised	1.20%
Undesignated (bottled)	3.33%
Undesignated (loose)	.22%
	100.00%

It is gratifying to know that only 3.55% of the milk consumed in the Borough is undesignated.

Bacteriological Examination of Milk.

Samples of all milk sold in the Borough are taken regularly and submitted for Bacteriological Examination.

319 samples were subjected to the various tests with the following results :—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory	Number Satisfactory
Pasteurised	Methylene Blue	66	0	66
	Phosphatase	66	0	66
T.T. Pasteurised	Methylene Blue	41	1	40
	Phosphatase	41	0	41
Sterilised	Turbidity	6	0	6
Tuberculin Tested	Methylene Blue	66	9	57
Accredited	Methylene Blue	4	0	4
Undesignated	Methylene Blue	29	10	19
Total		319	20	299

There is no statutory standard of cleanliness applicable to milk other than Designated milk. We in this Department, however, endeavour to ensure that Undesignated milk shall reach a degree of cleanliness comparable with T.T. and accredited milk. When samples were reported to be unsatisfactory, the Ministry of Agriculture and Fisheries was notified. Further samples in all cases were taken and reported to be satisfactory.

Biological Examination of Milk.

In an attempt to assist in the prevention of Tuberculosis and Undulant Fever in the human, 84 samples of milk were taken and submitted for Biological examination, with the following results :—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory	Number Satisfactory
Tubercle Tests	Tubercle Bacilli	27	1	26
	Brucella Abortus	19	1	18
Accredited	Tubercle Bacilli	1	—	1
	Brucella Abortus	1	—	1
Undesignated	Tubercle Bacilli	18	—	18
	Brucella Abortus	18	—	18
Total		84	2	82

In connection with the 2 samples found to be unsatisfactory the Ministry of Agriculture and Fisheries was notified and the offending animals traced with the following results :—

Cast No. 1. Positive re-action to Tubercle Bacilli—The suspected animal was sent to the Abattoir for slaughter, a post mortem examination revealed the carcase to be affected with Generalised Tuberculosis with extensive lesions in the Udder.

Case No. 2. Positive re-action to Brucella Abortus—Upon investigation at the farm it was discovered the suspected animal had died.

Further samples were taken and in both cases reported to be satisfactory.

§ 5. ICE CREAM.

The number of dealers in Ice Cream on the active list was as follows :—

1. Manufacturers :—	(a) Heat Treated	...	11
	(b) Cold Mix	... ...	4
2. Vendors :—	(a) Loose	... ...	53
	(b) Prepacked	... ...	210

Bacteriological Examination.

Samples of all ice cream sold in the Borough are taken regularly and submitted for Bacteriological Examination.

58 samples were subjected to the recognised tests with the following results :—

Grade 1	Grade 2	Grade 3	Grade 4
28	19	8	3

There is no legal standard for Bacteriological Examination, but the provisional grades suggested by the Ministry of Health are as follows :—

Grade 1.	Time taken to reduce Methylene Blue	$4\frac{1}{2}$ hours or more
Grade 2.	do.	$2\frac{1}{2}$ - 4 hours
Grade 3.	do.	$\frac{1}{2}$ - 2 hours
Grade 4.	do.	0 hours

Therefore 47 samples were classified as satisfactory, 8 not quite satisfactory and 3 unsatisfactory. In all cases where samples failed to reach grade 1 or 2 visits were made to the manufacturer and/or vendors and advice was given. Further samples were taken and in all cases satisfactory results were obtained.

Through being in constant touch with local manufacturers your Chief Sanitary Inspector finds they are doing their utmost to comply with the regulations. One finds that with the advent of modern and additional equipment it is often difficult to trace the cause of unsatisfactory samples without taking "batch samples."

Although all vendors store their ice cream in electric refrigerators it is often felt that some shopkeepers, in order to conserve electricity, may switch off the current and thereby affect the grading of the Ice Cream when sampled.

Chemical Analysis.

The Food Standards (Ice Cream) (Amendment) Order 1952 came into operation on the 7th July. This order amongst other things, reduced the minimum fat content of ice cream to 4% compared with 5% prescribed in the previous order.

For this purpose 20 samples were taken and submitted for Chemical Analysis, the average fat content being 8.07%, which is well above the standard required.

A summary of the results is given below :—

Range of Fat Content						No. of Samples
From	4%	to	5%	...	...	1
	5%		6%	...	...	1
	6%		7%	...	...	5
	7%		8%	...	...	4
	8%		9%	...	...	1
	9%		10%	...	...	6
	over		10%	...	...	2
						20

§ 6. FOOD AND DRUGS ACT, 1938-1950.

191 Samples of Food and Drugs were taken and submitted to the Public Analyst. These included 107 samples of milk, 64 of various other foods and drugs, and 20 of Ice Cream.

Details of samples reported to be unsatisfactory :—

Samples	Deficiencies	Formal and Informal	Remarks
Milk No. 5	3.3% Fat	Informal	Further samples taken reported to be genuine
,, No. 8	3.3% ,,	do.	do.
,, No. 51	10.0% added water	do.	Warning given further samples taken reported to be genuine
,, No. 54	5.6% do.	Formal	
,, No. 90	4.6% do.	Informal	Warning given further samples taken reported to be genuine
,, No. 97	2.0% do.	Formal	
,, No. 98	3.0% do.	Formal	
,, No. 66	4.0% do.	Informal	Warning given further samples taken reported to be genuine
,, No. 67	2.5% do.	Informal	Police Court Proceedings. Fined £3. Costs £3–3s.
,, No. 91	7.5% do.	Informal	
,, No. 93	15.0% Fat	Formal	
,, No. 95	8.0% added water	Formal	
,, No. 96	12.0% do.	Formal	
,, No. 76	9.2% do.	Informal	Police Court Proceedings. Fined £10. Costs £7–7s.
,, No. 81	8.0% do.	Formal	
,, No. 82	5.8% do.	Formal	
,, No. 83	4.6% do.	Formal	
,, No. 84	12.0% do.	Formal	
,, No. 76	1.6% Fat	Informal	Further sample taken reported to be genuine
Ice Cream— No. 119	12.0% Fat	Informal	Further sample taken reported to be genuine

In addition to the above one sample of self raising flour revealed the presence of mites. Investigations were made and the remaining small amount of stock was surrendered and destroyed.

§ 7. INSPECTION OF MEAT AND OTHER FOODS.

Post-mortem examination of all animals slaughtered at the Abattoir was carried out by qualified Officers of this Department, the total number of animals involved being 28,351, including 1,660 cases of emergency slaughter.

Every effort is made to carry out ante-mortem examination, particularly with casualty animals and market rejects and such examination has proved to be of great practical value, especially in the case of pigs.

	Cows	Other Bovines	Calves	Sheep	Pigs
Routine ...	461	4,043	3,047	15,827	3,313
Emergency	113	116	153	306	972
Total ...	574	4,159	3,200	16,133	4,285

Several outbreaks of swine fever or suspected swine fever have resulted in contacts being sent into the Abattoir and consequently a high figure for emergency slaughtered pigs has been maintained.

Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Killed	4,159	574	3,200	16,133	4,285
Inspected	4,159	574	3,200	16,133	4,285
All Diseases except Tuberculosis. Whole carcases condemned ...	10	27	55	68	102
Carcases of which some part or organ was condemned	1070	142	10	651	757
Percentage of the number inspected affected with diseases other than tuberculosis	25.97	29.44	2.03	4.46	20.04
Tuberculosis only. Whole carcases condemned ...	14	16	8	—	8
Carcases of which some part or organ was condemned	449	172	1	—	155
Percentage of the number inspected affected with tuberculosis... ...	11.14	32.75	0.28	—	3.80

Abattoir Improvements.

Noteworthy improvements that have taken place during the year are the roofing over of the open passageway between the cattle and sheep lairage and the slaughterhall, and between the slaughterhall and the cooling hall. Electric sawing machines have been installed in each of the three slaughtering bays, and all the manually operated winches have been motorised.

Two large mobile offal racks have been provided, and a quicker clearance of offal rails and tables in the slaughterhouse is thereby ensured. The general effect of mechanisation of saws and winches has been to accelerate the rate of slaughtering and to increase the potential throughput of the Abattoir. In consequence, a heavier burden is placed upon the Meat Inspector who is now called upon to operate with skill and rapidity in order to keep pace with the slaughtermen, and it has been necessary frequently to have two Inspectors on duty.

§ 8. OFFENSIVE TRADES.

The number of offensive trades on the Register is as follows :—

1 Fat Refining and Tripe Boiling.
2 Tripe Boiling.
2 Fat Refineries.
1 Gut Scraping.
3 Rag and Bone Dealing.

These premises have been visited regularly, 80 visits having been made and offences of a minor character dealt with.

One fat refinery has for many years given cause for complaint by people living in a residential area of the town. Thorough investigations have been made and various improvements have been carried out in order to mitigate the smell. These improvements have no doubt reduced, but not entirely eliminated the obnoxious odours. In the opinion of your Chief Sanitary Inspector it is impossible to carry out this type of processing without causing a certain amount of smell, depending upon wind direction.

The Managing Director is at the present time negotiating for complete renewal, by obtaining modern equipment and hopes to have it installed during 1953. The factory when completed will be the most modern in the country. It appears the manufacture of this equipment, which is of German design, guarantees complete freedom from smell of any kind during processing. The Director also stated that he would be pleased when this equipment is installed, not only from a Public Health aspect, but also from the commercial aspect and that he is doing all within his power to expedite the matter.

Fried Fish Shops.

There are at the present time 60 Fish Friers on the Register. These premises have been visited regularly, 165 visits having been made by the district sanitary inspectors. Many structural improvements have been carried out in the front shops and the preparation rooms in order to comply with our high standard of requirements.

Chemical Factory—West Auckland Road.

During the year frequent visits have been made and residents in the area interviewed in connection with chemical dust from the above factory. Only one complaint was received during the year; this was investigated and the management of the factory fixed to the outlet of the cyclone, additional nylon baffle. No complaints have since been received or serious nuisance discovered during routine visits to the area.

Again, the importance of giving adequate supervision to the plant has been stressed and the company concerned has done its utmost in this respect to avoid further cause for complaint.

§9. RODENT CONTROL.

Organisation.

Recommended and approved by the Ministry of Agriculture and Fisheries.

One full-time Rodent Operative.

An additional four men are supplied by the Borough Surveyor for 4 to 6 weeks every six months for treatment of sewers. These men work under the direction and control of the Rodent Operative.

Methods.

Recommended and approved by the Ministry.

Bait bases — Sausage rusk, bread and flour.

Poisons — Zinc phosphide, arseneous oxide, red squill and sorexa (warfarin).

Two to four days prebaiting, one day poison-baiting, one day checking. Post baiting carried out.

Sewers Maintenance Treatment.

Two Sewer Maintenance Treatments have been carried out, the first during the period 7th April to the 10th May, and the second from 29th September to the 1st November, 1952, details of which are set out below :—

	1st	2nd
Total number of manholes in foul and connected systems	1537	1536
Manholes baited	654	567
,, Showing pre-bait take	93	92
,, Showing complete pre-bait take (one or both days)	69	70
Schemes of baiting used	1st, 3rd, 5th and consecutive.	
Total estimated kill	428	403

Surface Infestations.

Corporation Properties.

Hundens Tip.

Haughton Tip.

Salvage Depot.

Treated as required.

Infestations of rats and mice in all Corporation properties, including schools, are dealt with as they arise.

Business Premises.

Charge—3/- per hour plus cost of materials, plus 20% of total cost.

Occupiers co-operate and report infestations to this Office, when they receive prompt attention. In no case has it been necessary to take formal action.

Private Dwellings.

Charge—2/6 for pre-baiting and surveying.
2/6 for poison-baiting.
Complete treatment 5/-.

Occupiers willingly report infestations and where infestations have been brought to the notice of occupiers, they have willingly signed Order Forms to have the infestations dealt with. No formal action has been taken.

Block Control.

When investigating complaints or dealing with infestations, the Rodent Operative surveys the area concerned and the survey is recorded. Infestations found during surveys are dealt with as already stated

General.

Premises dealt with	762	
Visits made	2159	
Bodies seen—rats	302	+ 21 trapped
„ „ —mice	70	+138 trapped
Estimated number of rats killed (assessed Ministry of Food formula)	1316	
Estimated number of mice killed (assessed 1/5th ounce per mouse)	774	

§ 10. LICENSED HOUSES.

My last report gave details of a survey of licensed houses which was conducted in 1951, and of the steps which were being taken to bring about an improvement in certain unsatisfactory conditions which were found.

It is with pleasure that I am now able to report upon the vast improvements which have been made in these premises, where in some cases, changes have taken place which may almost be described as revolutionary. Many thousands of pounds already have been spent on improvements, and outstanding work for which plans have been approved is either in progress or scheduled for early commencement.

The following table shows a comparion of certain conditions directly concerning hygiene and sanitary accommodation as found at the time of the survey, and at the close of 1952.

Glass Washing.

	1951	1952
Defective sinks	23 ...	4
Cold water only	10 ...	0
Intermittent Hot Water ...	28 ...	22
Contant Hot Water ...	30 ...	46

Beer Service.

Defective Cellar Floors ...	14 ...	2
Lead Pipe lines	7 ...	0
Defective Drip Trays ...	8 —	0

Sanitary Accommodation.

Completely Unsatisfactory ...	14 ...	6
Partially Unsatisfactory ...	31 ...	7

Ventilation.

Number of Rooms Unsatisfactory ...	35 ...	18

It will be noted that all premises now have a piped supply of hot water to bar sinks, but the supply in 22 cases is still intermittent, i.e., dependent on the lighting of a fire. Where the recommendation to instal independent apparatus is unlikely to be followed, we have been obliged to accept the licencee's assurance that hot water is available at all material times. Lead beer pipe lines in all cases have been abolished and likewise the insanitary sawdust channel spittoons. The number of individual cuspidors has been reduced, but unfortunately these receptacles are still regarded by certain customers as a necessary pre-requisite to drinking and smoking. The recommendations for sanitary accommodation have been successful in securing either separate approaches for each sex, or effectively screened entrances to conveniences where separation was impracticable. Insanitary conditions have been remedied, open urinals have been roofed, and automatic flushing apparatus has been installed.

With the exception of a few items of minor importance, the main recommendations made by this Department will shortly be completed. The Committee may then rest assured that the standard of licensed premises in this town is sufficiently high as to give no cause for concern.

§ 11. MISCELLANEOUS PROVISIONS.

Slaughter of Animals Act, 1933.

The number of slaughtermen's licences issued was 23 of which 11 were for men employed at the abattoir ; the rest were acquired relative to the slaughtering and dressing of self suppliers pigs.

Pharmacy and Poisons Act, 1933.

There are 81 persons whose names are entered on the list entitling them to sell Poisons included in Part 11 of the Poisons List.

The majority of these traders limit their sales of poisons to disinfectants and ammonia.

All listed persons have been visited, 169 visits made, and advice given relative to storage, labelling and sale of the various poisons.

Factories Act, 1937.

There are 411 Factories on the Register of which 361 have mechanical power, and 50 are without power.

465 inspections were made, and 90 defects dealt with.

8 Notices of Defects to be dealt with were received from the Factory Inspector. The premises were inspected and the defects remedied after informal action.

Outworkers.

3 Lists containing the names of 7 Outworkers were received and inspections of the premises of such outworkers were made.

Common Lodging Houses.

There is One Common Lodging House on the Register with accommodation for 161 lodgers. Improvements are at present in progress which will by next year result in a considerable reduction in the number of lodgers and vastly improved hygienic facilities. The lodging house is regularly inspected and, with the exception of minor offences, the premises have been kept in a reasonably satisfactory condition.

Police Court Proceedings.

(1) Contravention of Food and Drugs Act ; selling a bottle of milk containing a slug. Result—Fined £10 0s. 0d. and costs.

(2) Contravention of Food and Drugs Act ; selling milk containing added water to the extent of not less than 8.0% and 12%. Result —Fined £3 0s. 0d. and £3 3s. 0d. costs.

(3) Contravention of Food and Drugs Act ; selling milk containing added water to the extent of not less than 4.6%, 5.8%, 8.0% and 12%. Result—Fined £10 0s. 0d. and £7 7s. 0d. costs.

(4) Contravention of Public Health Act, exchange of goldfish for rags to child under 14 years. Result—Fined £2 0s. 0d.

County Borough of Darlington

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

for the

Year Ending 31st December, 1952.

Wm. Dresser & Sons, Ltd., Crown Street, Darlington

ANNUAL REPORT, 1952.

School Clinic,
Feethams,
Darlington.

To the Chairman and Members
of the Education Committee.

Ladies and Gentlemen,

I have the honour to present the School Health Report for the year 1952.

The Routine Medical Inspections during the year reflected the same overall satisfactory findings in respect of general health as in previous recent years. Among 3,803 pupils inspected, 26.9% were classed as Good, 72.8% as Fair and only 0.3% as Poor. These figures are all within 1% of last year's findings.

I must, however, express an anxiety felt not only in Darlington, but widely throughout the country with regard to the state of school children's teeth. As you are aware, the dental establishment of this authority provides for two officers, but since 1st January, 1949, your Senior Dental Officer, Mr. J. L. Liddell, has been alone. As an additional misfortune he was during 1952 absent from duty for a long period on account of ill-health, and it has not therefore been possible to carry out anything like the conservancy treatment found to be needed at dental inspections in the schools. Certain dental surgeons in the town have drawn attention to the increasingly adverse situation with regard to children's teeth, but no arrangements were made whereby they would give sessions in a part-time capacity at the School Clinic at the rate of pay of a School Dental Officer.

Among defects found at school medical inspection there were few of a serious nature. A large number of children in all age groups were found with a mild degree of flat foot. Often this was so slight that it was not marked for re-inspection, but in all cases the parent was advised, directly if present, or at the school nurse's home visit, to ensure the sufficient size of footwear. With the increasing development of muscular strength and tone towards the end of the growing period, flat feet tend to improve spontaneously, but if in the meantime unsuitable and constricting footwear has been used a legacy of trouble in later life may have been acquired.

This observation indicates something of the difficulty of giving clear cut advice to the Juvenile Employment Officer in respect of children leaving school at the attainment of fifteen years. A flat footed child, for instance, should not be recommended to any work involving prolonged standing or much walking, but one may be perfectly confident that in the course of a few years this defect will disappear, and so in respect of other matters. What is really required is a conference between the parents, teachers, Juvenile Employment Officer and Medical Officer over the best employment of each pupil, but time does not of course allow of any elaboration such as this.

For a School Medical Officer to be in a position to advise in this manner, it is necessary that the medical dossier of every school child should be complete. This requires reliable information as to all the serious illnesses suffered during these years and implies close exchange of information between general practitioners and the hospitals with the school health department. Where the Darlington group of hospitals is concerned, a highly satisfactory arrangement has now been reached which is described and the findings tabulated on Page 10 of this Report. With regard to the Newcastle General Hospital, where Darlington children attend from time to time, there is also a splendid method in vogue, where the School Medical Officer receives a copy of all letters sent by the consultant concerned to the practitioner in charge of the patient. It is obviously easier for hospitals with their trained clerical staff to keep both practitioners and the Local Education Authority in the picture than for practitioners themselves to notify the department of illness among school children treated at home.

As has been noted in previous reports, the National Health Service Act with its intention of providing for every family an all-purposes medical adviser should have rendered the school minor ailment clinic superfluous. This, as a matter of fact, has not occurred and as will be seen in the report 7,751 attendances were made at this clinic during 1952, as compared with 7,758 in 1951 and 7,839 in 1950. The numbers have fallen it is true, but very little.

A more notable fall is to be found under the heading of Special Inspections and Re-Inspections in Table 1 of the appendix. The figure for 1952 was 1,411 for special inspections as compared with 2,267 in 1951 and 388 re-inspections as compared with 619 in 1951. The reason for the decline in the first category is that the school nurses at the clinic now refer to the Medical Officer only those cases where, in their discretion, a medical opinion is necessary and these alone are counted as special inspections. In previous years, all cases, however trivial, were seen by the Medical Officer in attendance. The fall in the number of re-examinations is partly due to an economy in the number of times a child with a listed defect is brought up to see the medical officer at an inspection visit to a school. Often such defects are of a nature that requires no more than an annual observation, but it has sometimes happened in the past that every child so listed was brought up for the Medical Officer whenever he or she visited the school.

It is arguable that every case attending the minor ailments clinic should in fact be seen by a Medical Officer and had the arrangement described in last year's report for a daily minor ailment clinic from 9 - 10 each morning remained in force, it would have been possible to continue this practice if considered necessary in nearly a 100% of children first attending. This scheme, though well accepted by the staff of the school health department, was deprecated by the head teachers and in deference to their opinion a re-organisation was made whereby the clinic functioned at 3.30 p.m. This again has proved quite successful in practice, but a Medical Officer cannot be always in attendance every afternoon at this time and, unless all children when coming for the first time must wait until a doctor arrived, reliance must be placed upon the nurse in charge.

I should like to comment upon the increased scope of the Open Air School at Salters Lane. An arrangement to convey children to and from this school by bus has allowed for those with a wider range of defects, including spasties, to attend there. Thus it can be felt that the Open Air School is now being used to its maximum advantage. This does not imply that places in special schools for particular defects outside the borough are not still required, but it can be felt that after some preliminary training in such residential institutions it will now be possible for them to continue their education while living at home in Darlington.

The School Health Department has co-operated in 1952 in a piece of research sponsored by the Institute of Child Health whereby a number of children born in a particular year, namely 3rd - 9th March, 1946, throughout the country are kept under recurrent observation from which valuable facts are expected. No doubt the findings will be published in due course and this authority will have had its share in the work.

As in previous years, Dr. A. McGarrity has continued in day to day executive control of the School Health Department and to her and to all members of the staff, medical, nursing and clerical, I should like to pay my warmest thanks for their good and enthusiastic work. I should also like to thank the Education Committee for their sustained interest and support.

I have the honour to remain, Ladies and Gentlemen,

Your Obedient Servant,

JOSEPH V. WALKER,
School Medical Officer.

MEMBERS OF THE EDUCATION COMMITTEE.

Ald. R. Luck (Chairman)

Ald. H. P. Bell, J.P. (Vice-Chairman)

Ald. A. J. Best, J.P.
Ald. W. Heslop, J.P.
Ald. T. E. Hudson.
Ald. H. Sansom (from May, 1952)
Coun. H. Buckborough.
Coun. J. Neasham.
Coun. C. Dougherty.
Coun. F. Thompson.
Coun. G. E. Wilson.
Coun. R. H. Loraine.
Coun. J. L. Mortimer (till May, 1952).
Coun. B. E. Pigg (till May, 1952).
Coun. Mrs. Lyonette.
Coun. Mrs. Heslop (till May, 1952).
Coun. J. G. Willey.
Coun. J. L. Shaw.
Coun. W. Hamilton (from May, 1952).
Coun. Mrs. M. S. Martin (from May, 1952).
Miss O. M. Stanton, M.A.

SCHOOL MEDICAL AND DENTAL SERVICE STAFF.

School Medical Officer.

Joseph V. Walker, M.D., M.R.C.P., D.P.H.

Assistant School Medical Officers.

Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.
J. F. Bishop, M.B., Ch.B., C.P.H.

Senior Dental Officer.

J. L. Liddell, L.D.S.

Anaesthetist.

E. R. Dingle, M.B., B.S. (part-time).

Psychologist.

H. B. Jones, M.A., B.Ed.

Psychiatrist.

W. Hinds, M.B., B.S., D.P.M., F.R.S.M. (part-time).

Psychiatric Social Worker.

Mrs. K. W. Hudson (part-time).

Senior School Nurse.

Gladys M. Whittaker 1a.

School Nurses.

Doris M. Goodinson, 1a 2.
Laura Addison, 1a 1b.
Hilda M. Gardiner, 1a.
Dorothy Young, 1a 1c.

Clerks.

Audrey C. Smith (Senior Clerk).
Patricia Harris.
Teresa Howell.
Mary Langhorne.

1. State Registered Nurse:—(a) General, (b) Fever, (c) Sick Children.
2. State Certified Midwife.

School Population.

2 - 5 years	458
5 years and over	12,232
Total ...	12,690

School Meals and Milk.

1,011,823 meals were distributed to school children, of these 59,962 were provided free. The average number of meals distributed per day was 5,468.

1,967,961 bottles of milk were supplied.

School Nurses.

The Nurses paid 700 surprise visits to the schools and 927 cases of uncleanliness of the head were found. The number of individual children remaining uncleanly in this respect at the end of the year was 271.

2,074 home visits were paid in respect of follow-up from medical inspection, cleanliness and infectious diseases.

1,435 children were seen in school who had been in contact with infectious diseases.

9,990 examinations were carried out in Nursery Schools and Classes.

Immunisation Against Diphtheria.

264 children completed a full course of immunisation and 785 were given reinforcing injections.

Percentage of School Population immunised—64.1

Schick Tests were carried out as indicated below:—

Pre-Schick	Number Positive
46	9—Equivalent to 19.6%
Post-Schick	Number Positive
565	23—Equivalent to 4.1%

Infectious Diseases and Deaths Amongst School Children.

	Cases	Deaths
Scarlet Fever	86 ...	—
Measles	194 ...	—
Whooping Cough	34 ...	—
Acute Pneumonia	3 ...	—
Diphtheria	1 ...	—
Dysentery	1 ...	—
Meningitis	1 ...	—
Poliomyelitis (Paralytic)	1 ...	—
Tuberculosis: Pulmonary	7 ...	—
Non-Pulmonary	2 ...	—
Total ...	330 ...	—

The following Deaths amongst School Children were from Causes other than Infectious Diseases.

Rheumatic Carditis	1
Asphyxia caused by drowning	1
Rhabdomyosarcoma of Left Kidney	1

SCHOOL MEALS SERVICE.

Specimen Menus.

	Week 1.	Week 2.
Monday.	Braised Steak with:—Onions, Carrots, Swedes, Mashed Potatoes. Steamed Sultana Pudding, Custard Sauce.	Minced Steak, Mashed Potatoes, Carrots. Steamed Jam Roly Poly, Custard Sauce.
Tuesday.	Roast Beef, Gravy, Roast or Mashed Potatoes, Cabbage. Rice Pudding, Stewed Apples.	Roast Beef, Gravy, Roast Potatoes, Mashed Swedes. Rice Pudding, Stewed Sultanas.
Wednesday.	Shepherd's Pie, Onion Gravy, Mashed Potatoes. Carrots. Steamed Syrup Roly Poly, Custard Sauce.	Cold Roast Lamb, Salad Dressing, Mashed Potatoes. Salads:—Cabbage, Carrots, Beetroot, Chopped Parsley. Steamed Apple Roly Poly, Custard Sauce.
Thursday.	Cold Roast Lamb. Salad Dressing, Mashed Potatoes. Salads:—Cabbage, Beetroot, Carrots, Cheese. Date Pie, Custard Sauce.	Cornish Pasty, Onion Gravy, Mashed Potatoes, Cabbage. Stewed Apples, Custard Sauce.
Friday.	**R.C. Schools :** Fish, etc.	**R.C. Schools :** Fish, etc.
	Other Schools : Cornish Pasty, Gravy, Mashed Potatoes, Carrots. Cornflour Mould, Jam.	**Other Schools :** Shepherd's Pie, Gravy, Mashed Potatoes, Carrots. Steamed Currant Pudding, Custard Sauce.

MINOR AILMENTS CLINIC

The number of attendances at the Minor Ailments Clinic was 7,751 as compared with 7,758 in 1951. Ear Diseases were followed up to a greater extent, by the Nurses, to ensure that any recurrences were receiving treatment.

Incidence of Ringworm. In 1952 there were 11 cases of ringworm (6 scalp, 5 body) as compared with 7 cases (1 scalp, 6 body) in 1951.

SPECIAL SCHOOLS.

Open Air School Nurse's Report.

At the end of the year, there were 112 children in attendance at school. The accent this year appears to have been on the more severely handicapped child. There are five children who are unable to walk and have to be transported about in bath-chairs, and one boy of 13 years who is unable to walk or talk. As can be imagined the whole framework of the Open Air School is being altered to accommodate these pupils.

The standard of cleanliness has been maintained and in some cases improved considerably.

One new feature is that we have used the Mass Radiography Unit extensively and in all cases the results have been satisfactory, no child having been recalled for further X-Ray.

Minor Ailments. The number of these has increased since last year. Average number of cases per month 350. Type of defects dealt with:— multiple abrasions, infantile eczema, sore throats, sprains, septic fingers and feet, otorrhoea, one child with tracheotomy tube, one boy with appliance for passing urine and many more children with boils than in previous years, most of them on the back of the neck.

Two boys do daily exercises followed by postural drainage.

Shower Baths. These are given to suitable cases. So many times a week they are given to boys after P.T. and outdoor games, hoping they will derive greater benefit therefrom.

Ultra Violet Light. During the last year this line of treatment seems to have become popular and the work has increased enormously. Treatments are given twice weekly, but owing to the increased numbers of children attending, the lamp has been in use daily.

Our children come from four main classes:—

(a) Children who are in attendance at the school.

(b) Children recommended by Doctors having been seen at Medical Inspection in Ordinary Schools.

(c) Children sent along by General Practitioners.

(d) Babies sent by Welfare Clinics and General Practitioners.

The number of treatments carried out during course was 1,098.

Vitamins and Other Treatment.

Every child in the school is given a dose of Cod Liver Oil Emulsion daily, and 70 children were treated with Fersolate Tablets.

All children are weighed once per fortnight.

Barnard School for Educationally Sub-Normal Pupils.

At the end of the year, 60 children were in attendance, 13 were admitted and 10 left during the year.

Of the 8 children leaving school during 1952, 5 were placed under statutory supervision in accordance with Section 57(5) of the Education Act, 1944, and a further 3 were placed under voluntary supervision.

44 routine, 32 special and 6 re-inspections were carried out.

Nursery Schools and Classes.

275 routine inspections were carried out in the above schools. 34.9% were classified as Nutrition "A" (Good) and 65.1% as Nutrition "B" (Fair).

73 special and 50 re-inspections were also seen.

Miscellaneous Examinations.

104 teachers, clerks and others were examined and certified fit to commence duty or able to return to duty after prolonged illness.

236 children were examined and certified fit to take up part-time employment.

CHILDREN ADMITTED TO HOSPITAL.

During 1952 a scheme begun in 1951 has continued for a complete calendar year and weekly records of the names and addresses of all Darlington children admitted as in-patients to the Darlington Memorial Hospital (including Hundens Unit) have been forwarded to this Department. The value of this from the point of view of the completeness of the medical records of each child needs no emphasis and it also gives an interesting picture of the prevalent disorders among children which are of sufficient severity to require admission to hospital for treatment. A similar return in respect of out-patients would be much appreciated, but is perhaps too much to expect. Your School Medical Officer would like to take this opportunity to express his sincere thanks to the Secretary of the Darlington and District Management Committee, Mr. G. W. Beckwith, and to his staff, whose helpful co-operation has made the information available.

The following table summarises the findings. The diagnoses are taken from the returns as received and have not been cross checked where, as in respect of specific infectious diseases, it would have been possible to do so. But the number of cases (if any) where the diagnosis was changed as a result of hospital investigation and the alteration not recorded on the return are too few to introduce a significant error.

Diseases of the Ear, Nose and Throat.

For removal of tonsils and adenoids	607
Otitis Media	4
Treatment of Sinusitis	21
Other conditions	13

Diseases of the Eye.

For operative correction of squint	10
Other conditions, including injury	6

Skin Conditions, Various	6

Acute Surgical Conditions.

Acute appendicitis	33
Osteomyelitis	2
Various Surgical Repairs (mostly for hernia) ...	11

Injuries.

Burns and scalds	7
Fractures, other than those of skull	14
Head injuries	23
Other injuries	14
Miscellaneous Surgical Conditions	18

Tuberculosis.

Miliary and meningitis	1
Surgical	4
Specific Infectious Diseases	30
Non-specific Infections, including Pneumonia	9
Admitted for Investigation	10

Various Medical Conditions.

Acute rheumatism and chorea	3
Asthma	2
Epilepsy	2
Diabetes	3
Nephritis	2
Others	8

The overwhelming figures for removal of tonsils and adenoids need a word of explanation. For some years the waiting list for this treatment had been accumulating and in 1951 new accommodation was made available through the reconditioning of certain wards at Hundens Unit and the equipment of an operating theatre. A determined attempt was made therefore to reduce the list as soon as it became possible to do so. As the Committee may be aware, differences of opinion exist among the medical profession with regard to the need for removal of tonsils and adenoids and it is certainly true that children who have been recommended the operation and have for some reason never had it have been known to reach adult life none the worse. A social class distribution has also been remarked by some observers, boys and girls at Eton and Rodean suffering the mutilation more often than children attending Secondary Modern Schools in industrial areas, though without notable prejudice to the health of the latter. Your School Medical Officer must admit in this respect at least to strongly conservative opinions and believes that the operation should never be advised without good reason. Mr. J. S. C. Monro, the Ear, Nose and Throat Surgeon, is also opposed to removing tonsils and adenoids without sufficient occasion, and a similar excess under this heading is not likely to be repeated.

Apart from the exceptional claims of tonsils and adenoids, the largest category of causes for admission was that of injury, injuries to the head predominating. These were most numerous in the summer months and were likely to have been due in many cases to street accidents. All such causes of invalidism are theoretically preventable and should be prevented. Towards the end of the year, a special enquiry was begun by health visitors and school nurses into all cases of burns and scalds brought to their knowledge, among pre-school as well as among school children.

The large number of admissions for appendicitis is worthy of a note. The figure also includes suspected cases, but even so indicates that this is a frequent disorder in childhood. Little is known of the epidemiology of appendicitis and there is room for study in this field with a view to eventual prevention.

HANDICAPPED CHILDREN.

Partially Sighted. 1 is in a Residential School, 1 in Hospital suffering from T.B. Meningitis and 1 in an ordinary school awaiting admission to a Residential School.

Deaf and Partially Deaf. 1 is in a Residential Special School, 6 travel daily to Middlesbrough School for the Deaf and 55 are attending special classes for lip-reading.

Delicate. 1 is in a Residential Special School, 78 are in attendance at the Open Air School, 3 are in Sanatoria, 12 are excluded from school attendance and 11 are in ordinary schools, 2 of these awaiting admission to the Open Air School.

Physically Handicapped. 1 is in a Residential Special School, 8 are in Orthopaedic Hospitals, 1 is in the Memorial Hospital, 24 are in attendance at the Open Air School, 8 are excluded from school attendance and 42 are educated in ordinary schools.

Educationally Sub-Normal. 46 are in Barnard Street School, 5 are in ordinary schools awaiting admission to Barnard Street School and 1 is excluded from school attendance.

Multiple Defects. 14 are in Barnard Street School, 9 at the Open Air School, 1 in a Residential Special School, 1 is excluded from school attendance and 1 attending an ordinary school.

Epilepsy. 1 is in a Residential Special School, 1 at the Open Air School and 4 in attendance at ordinary schools, 1 of these awaiting admission to the Open Air School.

OPHTHALMIC CLINIC.

The School Ophthalmologist, Dr. A. McGarrity, reports as follows:—

The work of this Clinic showed no outstanding features. During the year 394 refractions were carried out and prescriptions given in 359 cases. More attention was paid than in previous years, by the Nurses, to discover that glasses obtained were being worn in school.

There were 65 cases of squint among the children examined: of these, 16, in addition to having suitable correction, received special treatment to insure greater use of the squinting eye: 4 of the 16 were referred to the hospital for orthoptic and other treatment.

Repairs to glasses were effected in 79 instances. There were 85 cases of external diseases of the eye including styes, blepharitis, conjunctivitis, etc.

DENTAL REPORT.

The Senior Dental Officer, Mr. J. L. Liddell, has reported as follows:

Once again illness has interfered with the work of the Dental Officer, but not to the same extent as in the previous year; consequently there is an increase in the amount of work done.

Activities have been mainly directed towards the conservation of the permanent dentition, both by fillings, and by extraction of carious temporary teeth, from which decay would spread to the permanent.

It will be noticed that the acceptance rate has improved to 96.8%. This is largely due to the policy which has been adopted, of not inspecting the children of parents who intimate, before inspection, that they do not wish for any treatment. This cuts down the number of inspections and gives more time for treatment.

Casual cases have increased again. I am afraid this cannot be avoided until we have a staff capable of coping with the number of children in the Borough.

CHILD GUIDANCE.

Your School Medical Officer is much obliged to the Educational Psychologist, Mr. H. B. Jones, for his report which is printed as follows:

(1) Staff.

No changes of staff took place during the year under review; and though psychiatric time given was somewhat less than previously and for the first three months of the year the Psychiatric Social Worker had to relinquish her duties temporarily for domestic reasons, the work of the Clinic has proceeded in a more settled manner than was possible in 1951.

(2) Case Work.

There have been no major developments in case work, but rather a continuation and consolidation of the system of full clinical examination and intensive treatment initiated in 1949. Consolidation has been greatly aided by the fact that a full clinic team has been at work for the greater part of the year.

There is a slight increase in the number of new cases opened, but as this number is largely dictated by the time available on the part of the Psychiatrist and Psychiatric Social Worker the yearly intake is likely to remain fairly steady around 150 to 160. It has been possible, as Table 1 shows, to devote more time to the treatment of children, some 320 more interviews being recorded for 1952 than for 1951. The figures for interviews, however, may show considerable fluctuation from year to year according to the length of time which has to be given in one interview to any particular child.

Boys continue to predominate over girls, 31 more boys than girls being seen in 1952, as in 1951.

TABLE I. Table of case-work for 1952 as compared with 1951.

Year Ending	No. of Cases opened			No. of interviews with Children	No. of interviews with Parents
	Boys	Girls	Total		
31-12-52 ...	94	63	157	1570	833
31-12-51 ...	88	57	145	1248	813

The figures in this table cover all cases referred to the clinic in 1951, and include cases from Stockton, Co. Durham, and the North Riding as well as those from Darlington. Subsequent tables with the exception of Table VII refer to Darlington children only.

(3) Sources of Referrals :—

TABLE II. Sources of Referrals for 1952 as compared with 1951.

	1952	1951
Schools	56	31
School Medical Service	34	35
Parents	17	12
Family Doctors	2	10
Darlington Education Committee ...	8	11
Probation Officers	4	3
Youth Employment Officer	1	1
Residential Children's Homes	3	4
Hearing Clinic	2	—
Memorial Hospital Psychiatric Clinic ...	2	1
Training Colleges...	—	1
Fairbridge Society	—	1
Newcastle General Hospital	—	1
Totals ...	129	111

Though no outstanding differences in the actual sources of referral are to be observed in comparing the current year not only with 1951, but with other previous years the following points may be noted:

(a) The close contact between the schools and the clinic is shown in the number of cases referred directly by Head Teachers (34% of the total). The increase in the numbers referred by the schools is accounted for largely by the fact that the services of the Clinic are being still more widely brought into play in connection with Educational Retardation or Intellectual Backwardness.

(b) More parents made direct contact with the Clinic, either through a personal visit or by approaching the Educational Psychologist at Parent-Teacher meetings: but family doctors have made little use of the service this year and closer co-operation by them, as mentioned in our previous report, would be welcomed. It should be added, however, that in cases where the problem is of a non-physical nature, Head Teachers are more likely to be consulted than the family doctor and the small number of referrals from this source may be due to that fact.

At the end of the year cases referred from various sources, but not yet seen, numbered 45. This represents at the normal rate of intake of new cases a waiting list of 3 to 4 months.

(4) Distribution of Cases.

In the tables which follow (III and IV) cases are grouped under 4 headings according to the predominating aspect of the problem involved, but many cases do in fact include factors which belong properly to headings other than those under which they are entered. Behaviour problems such as truancy and delinquency may for example involve educational retardation: habit disorders may have an emotional basis.

A breakdown of the cases listed reveals that:—

(a) In the 'Intellectual' category the chief cause of referral was educational retardation. 23 of the cases were such as to merit consideration for transfer to a special school. 10 (falling mainly within the I.Q. range 86 - 100) showed retardation chiefly in reading and have been taken for Remedial Coaching. (The remaining 17 cases in this category were 'assessments').

(b) Of all the behaviour problems studied during the year the most numerous single type was 'stealing/petty pilfering' (13 cases). Only 3 of them, however, were of a sufficiently serious nature to bring the child before the Courts. Most took the form of pilfering small sums of money or articles from home or school and there are hopeful signs that action has been taken in time to prevent more serious episodes later. 3 cases only of serious truanting were referred to the Clinic in 1952; and while it is appreciated that other cases may have been dealt with in other ways the experience of the Clinic is, in accordance with national findings, that the incidence of truanting is less than in previous years. Generally difficult behaviour at home and in school, involving aggressiveness, bullying, sullenness, obstinacy, and unmanageableness, made up the bulk of the rest of the cases in this section.

(c) As in 1951, general emotional instability and night-fears formed the largest group of Emotional disorders.

(d) Among Habit disorders enuresis is still very much with us, though the actual number of new cases treated during the year shows a reduction of 13 on the 1951 figures (26 as against 39). Other Habit disorders included Stammering and Speech Defects (10 cases), Ties, and Feeding Difficulties.

No problems of a purely organic nature were encountered and the heading 'Organic' has consequently been omitted from this report.

TABLE III. Types of Referral Problem distributed according to age.

Ages: -	2	3	4	5	6	7	8	9	10	11	12	13	14	15	15+	Totals
Intellectual																
Boys	—	2	2	2	1	4	—	4	5	2	1	3	—	—	2	28
Girls	—	1	—	1	1	3	4	2	1	5	1	1	2	—	—	22—50
Behaviour																
Boys	—	—	—	1	6	3	2	3	—	—	2	1	1	—	—	19
Girls	—	—	—	—	—	1	3	—	1	2	—	2	—	—	—	9—28
Emotional																
Boys	—	—	—	—	—	2	—	1	1	1	—	—	—	—	1	6
Girls	—	1	—	—	1	—	1	1	1	—	—	—	1	1	—	7—13
Habit Boys	—	—	—	2	2	4	—	3	3	—	1	2	—	—	1	21
Girls	—	—	2	5	2	3	1	1	1	—	—	—	—	1	1	17—38
Totals ...	0	4	4	11	13	20	11	15	13	10	8	9	4	2	5	129

The distribution of the totals in this table differs little from that of 1951. As is natural in a service provided by an Education Authority, the bulk of the cases fall within the age range 5 - 15, and within that range the year group 5 to 11 is again best represented. Pre-school children, however, continue to be referred for advice and assessment. The only noteworthy point of detail is that in contrast with previous years the greater proportion of behaviour problems belongs to the 6 to 10 age group, instead of to the 11+ group. No satisfactory explanation for this swing can be offered as yet, and it may in fact be due simply to the operation of chance factors.

TABLE IV. Types of Referral Problem distributed according to Intelligence.

I.Q.		Below 70	70–85	86–100	101–115	116–130	Over 130	Totals
Intellectual	Boys	5	6	9	2	2	3	27
	Girls	8	8	—	—	2	4	22—49
Behaviour	Boys	—	2	4	9	3	—	18
	Girls	1	—	4	1	3	—	9—27
Emotional	Boys	—	1	—	2	1	2	6
	Girls	1	—	2	3	1	—	7—13
Habit	Boys	—	1	5	7	4	2	19
	Girls	—	1	4	8	1	3	17—36
Totals ...		15	19	28	32	17	14	125

(In 4 cases—young backward children with defective speech—no reliable I.Q. has so far been obtained).

The trend towards a normal distribution of intelligence among Clinic cases to which attention was drawn in our last report is once more in evidence. So far as the experience of this Clinic goes, it appears that, with the exception of educational retardation which is most prevalent among children of below average intelligence, problems of other types may arise at almost any I.Q. level. During the past year these problems have in fact been much more prevalent in the I.Q. range 86 - 115 than in the range below; the below 70 and 70 - 85 ranges being represented by even fewer cases (with the exception of the 'Intellectual' category) than might be expected from the numbers in these ranges in a normal population. Of children with I.Q's below 85 only 5 were referred as Behaviour problems, 3 with Emotional difficulties and 2 with Habit disorders in the course of the year.

(5) Disposals.

TABLE V. Cases referred in 1952 were disposed as follows :—

	Closed in Period.	Still Open	Total.
Advice	17	26	43
Advice and Placement	20	4	24
Treatment Recommended	17	45	62
Totals ...	54	75	129

Advice may take the form of instructions to parents or school on the methods to be adopted with an uncomplicated case: or of the report of the results of an assessment.

Placement generally involves recommendation of admission to Nursery School or a special school of some sort, or of class adjustment within a school.

Treatment may be Psychiatric, Psychological or Educational and may vary from occasional 'check-up' interviews to regular weekly attendance. It may be direct, through interviews with the child, or indirect, through interviews with the parent and, if necessary, general environmental adjustments.

(6) Treatment.

TABLE VI.

	Improved	Part Improved	Less Improved	Continuing to 1953	On Treatment Waiting List
Opened in 1952...	11	—	6	41	4
Brought forw'd from previous years ...	36	5	12	33	—

Comparison of the figures given in Table VI with those of the corresponding Table for 1951 show the improvement in the treatment figures forecast in our last report as likely to accompany a period when a full Clinic team would be at work. 70 treatment cases have been closed in the current year as against 54 in 1951, and those still continuing to the following year are reduced from 89 to 78. More cases were closed 'completed' this year than in the previous year (47 as against 32). Cases closed as 'part or less improved' remain fairly constant (23 in 1952 ; 22 in 1951).

Though it is a matter for regret that any cases should have to be closed before treatment is regarded as satisfactorily completed, it is inevitable for a variety of reasons (see below) that such cases should occur. At the same time it should be noted that these cases are greatly outnumbered by the cases where full parental co-operation is secured and where a course of treatment extending in some instances over a considerable period of time is willingly followed. (Out of 82 cases taken for treatment in the current year only 9 have been closed 'uncompleted').

The 18 'less improved' cases are accounted for as follows:—

Parental failure to co-operate	5
Parental apathy	4
Parental inability to continue to attend	4
Child left school	2
Child sent to Approved School	2
Family left district	1

(7) Summary of present position in respect of all types of cases.

TABLE VII.

Cases from year	Closed in Current Year	Still Open
1949	1	2
1950	23	14
1951	52	34
1952	69	88
Totals ...	145	138

Of the cases still open the majority (94) are treatment cases, 57 belonging to the current year and 37, chiefly enuretics, to previous years. The remaining 44 are cases where advice has been given and observation of the results by means of 'check-up' interviews is still being maintained. Many of these cases are on the verge of being closed.

(8) General.

Attendance :—

Over the year the attendance figure for parents and children was 85% of the appointments made. In view of the many possible adverse effects on attendance (weather, school holidays, illness, etc.). this may be regarded as quite a satisfactory percentage.

A point in respect of those attending the Clinic to which attention may be drawn is a noticeable increase in the number of parents of average and above average socio-economic status who either of their own accord or through the medium of the schools have approached the Clinic for help and advice in their children's problems. The notion that Clinics cater chiefly for the lower strata of the population is, it appears, slowly but surely being dispelled.

Speech Defects :—

While the Clinic will continue to deal with any factors contributing to a child's speech defect which may yield to psychiatric or psychological treatment, the steps taken by the Education Committee to send cases for therapy to the Speech Clinic at Stockton, implementing as they do the need for such specialised treatment which has been advocated in our previous reports, are very much welcomed and may, it is hoped, foreshadow the day when it will be possible to employ a Speech Therapist for Darlington itself.

Lectures :—

The work of the Child Guidance Service and related aspects of child behaviour and development continued to be brought to the notice of the public at large through lectures by the Educational Psychologist to a variety of organisations, educational, cultural and professional, in the town and outside.

Visitors :—

We have been glad to welcome to the Clinic a considerable number of visitors including some from other countries and students in training at Darlington Training College. Groups of the latter spent several sessions at the Clinic and were given a general account of the work and demonstrations of testing procedures and interviews.

Testing in Schools :—

As in previous years a considerable number of children who were lagging behind in some aspect of school work have been tested in school with a view to determining the causes of their scholastic difficulties and afterwards reported on to the Head Teachers concerned. We should like to pay tribute to Head Teachers and members of staffs who are alive to the need for early diagnosis of difficulties and the making of necessary adjustments before retardation becomes too serious. In only a very small number of these cases has it been necessary to take a child for fuller investigation to the Clinic, as essential remedial measures have in general come within the scope of the schools.

PARTIALLY DEAF CHILDREN.

As in previous years Mrs. Muriel Shepherd has continued to act as Teacher of the Partially Deaf and has interested herself in the ascertainment of defective hearing by means of the pure tone audiometer. There have been no mass testings of school children by means of the gramophone audiometer in 1952, and cases of suspected hardness of hearing have been referred direct to Mrs. Shepherd by the School Teachers, the School Clinic or otherwise.

A satisfactory scheme exists for obtaining further advice for children who are found to be seriously deafened. Mrs. Shepherd writes a note to that effect to their own practitioner with a copy to Mr. J. S. C. Monro, the Ear, Nose and Throat Surgeon. This both acquaints the surgeon of the existence of the case and brings the general practitioner into the picture. The School Clinic is also kept informed by Mrs. Shepherd.

The value of Mrs. Shepherd's services to the School Health Department over the last seven years has been clearly shown by the item printed every year under the above heading in this report. Some readers of these reports may be interested to know something of Mrs. Shepherd's antecedence and how she came to interest herself in this branch. She first took employment as a teacher at the George Dent Nursery, and it was while there that she became interested in a deafened child whom she had to accompany to the Manchester University Clinic for the Deaf. There she saw the work of Professor and Dr. Ewing and, realising that in Darlington there were not any special amenities for children with defective hearing, she took at her own expense the diploma for Teacher of the Deaf of the University of Manchester. Mrs. Shepherd obtained this diploma in 1947 and returned to Darlington to develop the service as described.

Mrs. Shepherd reports as follows on the work carried out for 1952: —

Total No. of cases tested.	No. ascertained as Severely Deaf.	No. Requiring Lip Reading.	No. Requiring Speech + L.R.
60	1	35	20

This table indicates the number of children who have been referred as suspected of being partially deaf. They have been tested by Pure Tone Audiometer and admitted to Classes when necessary as shown below.

Table to show by whom cases were referred.

School Medical Officer.	Educational Psychologist.	Head Teachers.	Parents.
17	4	21	18

Lip Reading Classes.

Thirty children are receiving Lip Reading instruction. Of these, 15 are from the tables above, the remainder are children continuing from 1951 classes, thus there is still a waiting list for Lip Reading classes.

Speech Training.

Fifty-seven cases have been referred, the majority from the School Medical Officer. 20 of these are receiving training and there is a waiting list of 35. Arrangements have been made for certain Speech cases to attend the Stockton Speech Clinic; this means that 10 children were withdrawn from the Darlington classes and their places have been taken by children from the waiting list who are under 9 years of age.

Hearing Aids.

Assistance is being given to children of all ages in the use of the Government Hearing Aid. The children are invited to attend a class after school hours, at which they can practise wearing the Aid in ideal conditions.

APPENDIX TABLES.

TABLE I. Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

A.	PERIODIC MEDICAL INSPECTIONS.	
	Inspections in the prescribed Groups:—	
	Entrants	1,582
	Second Age Group	1,091
	Third Age Group...	811
	Total ...	3,484
	Other Periodic Inspections	319
	Grand Total ...	3,803
B.	OTHER INSPECTIONS.	
	Special Inspections	1,411
	Re-Inspections	388
	Total ...	1,799

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table 11A. (3)	Total individual Pupils. (4)
Entrants	4	249	253
Second Age Group ...	82	86	163
Third Age Group ...	76	55	126
Total (prescribed groups)...	162	390	542
Other Periodic Inspections...	21	105	115
Grand Total	183	495	657

TABLE IIA. Return of Defects Found by Medical Inspection.

Defect Code No.	Disease or Defect. (1)	PERIODIC INSPECTIONS. No. of defects. Requiring treatment (2)	PERIODIC INSPECTIONS. No. of defects. Requiring to be kept under observa'n but not requiring treatment (3)	SPECIAL INSPECTIONS. No. of defects. Requiring treatment (4)	SPECIAL INSPECTIONS. No. of defects. Requiring to be kept under observa'n but not requiring treatment (5)
4	Skin	28	6	36	4
5	Eyes a. Vision	183	25	19	2
	b. Squint	46	14	23	8
	c. Other	13	3	32	2
6	Ears a. Hearing	3	20	11	9
	b. Otitis Media ...	8	—	10	—
	c. Other	19	8	37	3
7	Nose or Throat	120	154	51	83
8	Speech...	14	17	15	16
9	Cervical Glands	6	23	3	13
10	Heart and Circulation ...	72	20	48	19
11	Lungs	35	36	24	21
12	Developmental—				
	a. Hernia	5	5	1	4
	b. Other	1	15	3	2
13	Orthopaedic—				
	a. Posture	—	21	1	6
	b. Flat Foot	5	96	8	42
	c. Other	25	45	22	12
14	Nervous System—				
	a. Epilepsy	2	2	2	3
	b. Other	2	2	1	—
15	Psychological—				
	a. Development ...	1	7	45	23
	b. Stability	25	46	29	27
16	Other	85	21	248	16

TABLE IIB. Classification of the General Condition of Pupils Inspected During the Year in the Age Groups.

Age Groups (1)	Number of Pupils Inspected (2)	A (good) No. (3)	A (good) % of col. 2 (4)	B (fair) No. (5)	B (fair) % of col. 2 (6)	C (poor) No. (7)	C (poor) % of col. 2 (8)
Entrants	1,582	357	22.6	1,221	77.2	4	0.3
Second Age Group	1,091	285	26.1	801	73.4	5	0.5
Third Age Group	811	309	38.1	501	61.8	1	0.1
Other Periodic Inspections...	319	72	22.6	245	76.8	2	0.6
Total ...	3,803	1,023	26.9	2,768	72.8	12	0.3

TABLE III. Infestation with Vermin.

(i)	Examinations in the schools by the school nurses or other authorised persons	30,034
(ii)	Individual pupils found to be infested ...	927
(iii)	Individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(iv)	Individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE IV. Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

GROUP 1. Diseases of the Skin (excluding uncleanliness for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	6	—
(ii) Body	5	—
Scabies	19	4
Impetigo	105	2
Other skin diseases	12	29
Total ...	147	35

GROUP 2. Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint...	85	9
Errors of refraction (including squint) ...	394	—
Total ...	479	9
Number of pupils for whom spectacles were:		
(a) Prescribed	359	—
(b) Obtained	305	—

GROUP 3. Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment:		
(a) for diseases of the ear...	—	4
(b) for adenoids and chronic tonsillitis...	—	607
(c) for other nose and throat conditions	—	71
Received other forms of treatment	101	
Total ...	101	682

GROUP 4. Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	29	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	—	28

GROUP 5. Child Guidance Treatment.

	Number of cases treated	
	In Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics	206	—

GROUP 6. Speech Therapy.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	—	—

GROUP 7. Other Treatment Given.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments ...	875	18
(b) Other (specify)		
1. Burns and Scalds	—	7
2. Fractures	—	14
3. Injuries	—	37
4. Various surgical repairs ...	—	62
Total ...	875	138

TABLE V. Dental Inspection and Treatment Carried out by the Authority.

(1)	Number of pupils inspected by the Authority's Dental Officers:	
	(a) Periodic	2,654
	(b) Specials	641
	Total (1) ...	3,295
(2)	Number found to require treatment	1,595
(3)	Number referred for treatment	1,595
(4)	Number actually treated	1,545
(5)	Attendances made by pupils for treatment ...	2,264
(6)	Half-days devoted to: Inspection	21
	Treatment	231
	Total (6) ...	252
(7)	Fillings: Permanent Teeth	1,453
	Temporary Teeth	—
	Total (7) ...	1,453
(8)	Number of teeth filled: Permanent Teeth ...	1,453
	Temporary Teeth ...	—
	Total (8) ...	1,453
(9)	Extractions: Permanent Teeth	263
	Temporary Teeth	1,143
	Total (9) ...	1,406
(10)	Administration of general anaesthetic for extraction	486
(11)	Other Operations: Permanent Teeth ...	106
	Temporary Teeth ...	—
	Total (11) ...	106